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ABSTRACT

California's Family Day Care Training Program was designed to recruit and train in 7 weeks, Lao, Vietnamese, and Chinese refugees to establish their own state-licensed, family day care homes. Topics in the program's curriculum include an introduction to family day care, state licenses for family day care, state licensing requirements for family day care, licensing application forms, tuberculosis clearances, fingerprinting, welfare benefits and self-employment, visitation of a day care home and preschool, preparation of the home for day care, safety-proofing of the home, child care equipment, home inspections, nutrition, meal planning and budgeting, health and illness, financial policies, recruitment, effective communication skills, behavioral problems of children, emergency situations, and basic business management. This document provides the content of instruction, forms, and regulations central to the curriculum topics. (RH)

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UNION OF PAN ASIAN COMMUNITIES

FAMILY DAY CARE TRAINING CURRICULUM

PS 017741

BEST COPY AVAILABLE

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1. Ms. Debbie Sgambelluri of ABC (Advocates for Better Child Care) Instructional Media of La Mesa, California for her generous loan of the family day care provider curriculum which she co-authored, and was utilized originally as part of the San Diego County Family Day Care Association's in-service training for licensed providers.

2. The County of San Diego, Department of Social Services, Refugee Targeted Assistance Program for funding to provide training to Southeast Asian refugee women as family day care providers under contract number 22369E from fiscal years 1985 to 1987.

3. The Department of Health and Human Services, Administration on Children, Youth and Families for the final production of this family day care curriculum in printed format in the English, Lao and Vietnamese languages under contract number 9-CW-0775 for the fiscal years 1986 to 1987.

4. Authored by Gail Nakatsu and compiled for publication by Jessica Kheo.

This curriculum has been utilized by over one hundred Southeast Asian refugee women since 1984. Since the majority of the women enrolled in UPAC's family day care training program had very little formal education (usually not more than six years), the instructional materials were kept intentionally simple. Other characteristics of these women were limited English skills, few marketable job skills, welfare dependency, pre-school age children to care for and large household sizes. Please keep this in mind as you utilize this curriculum.

The following section contains facsimile of application materials and handouts given to participants. These may be applicable only in the State of California or San Diego County. Interested parties wishing to replicate this curriculum model will need to obtain forms that are in use in their locality.

This publication was made possible by a grant from The Department of Health & Human Services, Child Welfare Research and Demonstration, grant #90-CW-0775

Author Gail Nakatsu

PROGRAM DESCRIPTION

FAMILY DAY CARE TRAINING PROGRAM

PROGRAM DESCRIPTION: The Family Day Care Training Program will recruit and train Lao, Vietnamese and Chinese refugees to establish their own State licensed, family day care homes. Child development and child care, State licensing requirements and small business management are some of the major topics which are covered during training. Bilingual Training Assistants will provide 60 hours of group instruction on these topics in the participants' native languages. This program has operated since August of 1984 and has been funded until March 31, 1988 under the San Diego County Department of Social Services, Refugee Targeted Assistance Program.

PARTICIPANT PROFILE:

1. Must be an adult Lao, Chinese or Vietnamese refugee.
2. Must have refugee status verified by the central intake unit.
3. Must be able to meet the following State of California licensing requirements:
    a. Proof of negative tuberculosis test.
    b. No criminal record.
    c. Suitable and safe home (apartments and single dwelling homes).
    d. Telephone service.
    e. Enough capital to see day care business through initial month(s) of operation.
4. Can be on public assistance.

TRAINING DURATION: Seven-week sessions; three days a week (Tuesday–Thursday).

TRAINING SITE: Participant homes will be utilized on an alternating basis for demonstration purposes.

TRAINING BENEFITS:

1. Acquire a State of California family day care license (capacity: 6 children).
2. Generate income while staying at home and watching own children.
3. Acquire knowledge of child development and child care, State licensing requirements and small business management.
4. Receive supportive services for transportation and child care during training.
5. Receive assistance in identifying working families in need of child care.

FAMILY DAY CARE TRAINING PROGRAM
UNION OF PAN ASIAN COMMUNITIES (UPAC)

SESSION	TOPIC(S)
#1	INTRODUCTION TO FAMILY DAY CARE • Get acquainted activity. • Program description and training overview. • Defining family day care and role of mother substitute. • Child care as full or part-time employment. • Distribute course outline and schedule.
#2	STATE LICENSES FOR FAMILY DAY CARE • Different State licenses for family day care providers. • Different age group characteristics and needs of children (infants, toddlers, pre-school, after-school). • How to decide which group(s) to care for. • Distribute hand-outs.
#3	STATE LICENSING REQUIREMENTS FOR FAMILY DAY CARE • State licensing requirements/rationale. • Breakdown of application process (TB and criminal record clearance/fingerprinting, application filing, home visit, and issuance of license). • Distribute translated application forms.
#4	LICENSING APPLICATION FORM/TB CLEARANCES/FINGERPRINTING • Completing the application form step-by-step. • Assistance with TB clearances/fingerprinting.
#5	WELFARE BENEFITS AND SELF-EMPLOYMENT • Impact of self-employment on welfare benefits. • Eligibility Technicians from Welfare Division explain benefit modification standards.
#6	VISITATION OF A DAY CARE HOME AND PRE-SCHOOL • Visit the home of a licensed provider. • Visit a Head Start pre-school. • Discussion of similarities and differences (physical set-up, furnishings, safety features, daily schedules, nutritional needs, etc.). • Distribute hand-out.
#7	SETTING UP THE HOME FOR DAY CARE • Setting up the home (designating day care space vs. family space; furnishing needed). • Addressing family needs and wants and day care scheduling. • Distribute hand-outs.
#8	SAFETY-PROOFING THE HOME • Child-proofing the home. • In-home demonstration. • Distribute hand-out.

SESSION	TOPIC(S)
#9	CHILD CARE EQUIPMENT • Hands-on demonstration of child care equipment (porta-cribs, playpens, etc.). • Discussion of safety features/precautions. • Distribute hand-out.
#10	HOME INSPECTIONS • Schedule home inspections with health and safety issues stressed. • Utilize the County's check-off list for areas of corrective action. • Distribute a copy of corrective action form.
#11	HOME INSPECTIONS—CONTINUED • Same as above.
#12	NUTRITION/MEAL PLANNING/BUDGETING • Facts about good nutrition; how to incorporate into meal/snack planning and budgeting. • Nutritious ethnic meals. • How to participate in Child Nutrition Program(s). • Distribute hand-outs.
#13	HEALTH/ILLNESS • Health Issues. • Childhood illnesses/diseases. • Special needs of the sick child. • Distribute hand-outs.
#14	SETTING FINANCIAL POLICIES • Establishing hourly/weekly rates, hours of operation, payment terms, etc. • Handling special needs. • Review sample contracts, highlighting similarities and differences. • Distribute hand-outs and sample contract.
#15	HOW TO FIND CHILDREN • Advertising and child care referral agencies (e.g., Childcare Resource Service). • Interviewing families for placement of children. • Accepting/denying placements. • Distribute hand-outs.
#16	EFFECTIVE COMMUNICATION SKILLS • How to communicate clearly with children and parents. • Establishing house rules and expectations with parents and children. • Problem resolution exercise. • Distribute hand-outs.

SESSION	TOPIC(S)
#17	BEHAVIORAL PROBLEMS • Emphasizing positive behavior by children. • Reasons for unacceptable behavior and how to solve them. • Recognizing special problems (stuttering, hearing problems, etc.). • Disciplining limits (physical punishment unacceptable in licensed day care homes). • Child abuse detection and laws. • Distribute hand-outs.
#18	EMERGENCY SITUATIONS • Advance planning (identification of back-up-support—neighbors or relatives; transportation arrangements; neighborhood medical facilities; background information on each child). • Emergency authorization form. • Basic communication skills for emergencies (fire, police, ambulance, 911 and Poison Control Center). • First aid guidelines. • Distribute hand-outs.
#19	BASIC BUSINESS MANAGEMENT I • What is self-employment? • Limited functioning cooperatives. • Day care deductions allowed by IRS. • Maintaining accurate records for income tax purposes. • Sample record-keeping exercise. • Distribute hand-outs.
#20	BASIC BUSINESS MANAGEMENT II. • Provider liability insurance. • Declaring income for welfare purposes. • Seeking professional assistance for bookkeeping and income taxes. • Distribute hand-outs.

FAMILY DAY CARE:
IS IT FOR YOU?

SESSION-1

DEFINING FAMILY DAY CARE AND ITS RULES

A. THE EXTENDED FAMILY CONCEPT

- Role of the mother substitute.
- Cultivation of a "home away from home" environment.
- Relationships with "day care brothers and sisters."

B. THE RELATIONSHIP BETWEEN THE NATURAL AND FAMILY DAY CARE PARENT(S)

- Daily arrivals and departures.
- Exchanging information/observations on child's growth and development.
- Openly discussing mutual areas of concern.

C. THE INDIVIDUALITY OF EACH CHILD

- Respect for each child's uniqueness and level of emotional and physical maturity.
- Coordinating individual schedules (napping, playing, etc.) with group activities (mealtimes, group play, etc.).
- Reinforcing positive expectations and accomplishments.
- Remaining open and flexible to changing needs.

D. LEARNING IN THE FAMILY DAY CARE SETTING

- Socialization skills enhanced (sharing especially important).
- Freedom to undertake creative activities at own pace.
- Structured learning possible through home pre-school program or coordinated group activities.

E. ADDRESSING SPECIAL NEEDS

- Infant Care.
- After-school care.
- Children with special needs.

STATE OF CALIFORNIA REGULATIONS

A. FAMILY DAY CARE LICENSES

1. Regular License
   a. Ratio 1:6.
   b. No more than 3 infants (children under the age of two years).
   c. Ratio includes provider's own children under the age of 12 years.

2. Special License
   a. Ratio 1:4.
   b. INFANTS ONLY.

3. Large License
   a. Ratio still 1:6.
   b. May have maximum of 12 children, with 4 infants—with aid in attendance.
   c. Ratio includes provider's own children under the age of 12 years.
   d. Aid
      1) Must be at least 14 years old.
      2) Anyone 18 years or older MUST be fingerprinted and have TB test.
      3) Aid MUST be present when more than 6 children are in attendance.

4. Substitutes—children MUST never be left alone with anyone younger than 18 years of age.

5. License not required if caring for children from only one other family, besides own.

6. Family day care NOT licensed for continuous 24-hour care for a specific child.

B. FOSTER CARE LICENSE—different from family day care.

AGE GROUP CHARACTERISTICS

This exercise is designed to stimulate your thinking about different behavioral patterns that infants and children in your care may show. There are no right or wrong answers. Take a few minutes to read through the examples before the group discussion begins.

AGE GROUP	BEHAVIOR	WHAT WOULD YOU DO?
INFANTS		
0–6 months	1. Hungry at irregular times, seems to have no set schedule.	Offer a flexible but attentive feeding schedule.
	2. Cries when put to bed, cries on waking.	
	3. Reaches for and examines everything, constantly looking for new things.	
6–12 months	1. Actively crawls and often tries standing or walking.	Allow space for exploration, but limit areas, and *safety-proof* home.
	2. Interested in feeding self, grabs for spoon.	
	3. Spends a lot of time sitting and watching others.	
12–18 months	1. Shows little interest in walking, likes to be carried.	
	2. Actively resists (kicking and hitting) diaper changes and scream in anger.	Remain calm and tell baby what you are doing before initiating the activity, step by step; have baby "assist" with changing another baby's diapers.
	3. Fears separation from parent, frets long after parent leaves each morning.	

AGE GROUP	BEHAVIOR	WHAT WOULD YOU DO?
TODDLERS		
18–24 months	1. Refuses to share toys and strikes out in anger when prodded to do so.	
	2. Throws food after hunger is satisfied.	
	3. Wants to do everything for self.	Give the child the opportunity to try doing things for self (within reason) and allow plenty of time for completion of task.
2–3 years	1. Throws temper tantrums when frustrated.	
	2. Turns toilet training attempts into play and refuses to cooperate.	
	3. Plays only with "best friend" and not with others.	
PRE-SCHOOL		
3–5 years	1. Loves to disrupt group play activities.	
	2. Alert visually but responds slowly to spoken word.	
	3. Begins to wet and soil clothes regularly.	

Continued

AGE GROUP	BEHAVIOR	WHAT WOULD YOU DO?
SCHOOL-AGE		
5–7 years	1. Only wants to watch T.V. programs of own choosing and refuses to compromise with other children.	
	2. Is overly sensitive to criticism and withdraws afterwards.	
	3. Complains about school and says doesn't want to go anymore, would rather stay at day care home.	
7–12 years	1. Begins coming to day care home later and later after school, preferring to "hang out" with peers.	
	2. Never takes care of day care toys and books and damages them through carelessness.	
	3. Will not do homework assignments (parent's wishes), preferring to play outdoors.	

APPLICATION FOR STATE OF CALIFORNIA LICENSING

SESSIONS-2 – 5

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

APPLICATION FOR FAMILY DAY CARE LICENSE

INSTRUCTIONS: *THIS FORM IS INTENDED FOR USE BY APPLICANT(S) TO OPERATE A FAMILY DAY CARE HOME. TYPE OR PRINT CLEARLY.*

IDENTIFYING INFORMATION

APPLICANT(S) NAME	IS/ARE APPLICANT(S) OVER 18 YEARS OLD? ☐ YES ☐ No
ADDRESS	
DIRECTIONS TO HOME	TELEPHONE ( )

LIST ALL PERSONS RESIDING IN THE HOME BY FULL NAME, AGE AND RELATIONSHIP. **NOTE:** *IF YOU HAVE A COMMUNITY CARE LICENSE FOR ANOTHER TYPE OF FACILITY, YOU NEED TO INCLUDE THE* **FIRST NAME AND INITIAL OF LAST NAME** *OF ANY CLIENT(S) RESIDING IN YOUR HOME. (CONTINUE ON REVERSE IF MORE SPACE IS NEEDED.)*

NAME	AGE	RELATIONSHIP

OPERATIONAL INFORMATION

REQUESTED CAPACITY (TOTAL NUMBER) *CHECK ONE*	AGE RANGE TO BE SERVED	DAYS AND HOURS OF OPERATION
☐ SMALL FAMILY 8 ☐ LARGE FAMILY 12 (SEE H. BELOW)		

I/WE HEREBY CERTIFY THAT I/WE:

A. Have sufficient financial resources to maintain the standards of service required by statutes and regulations to operate a family day care home.

B. Have attached fingerprint cards for myself/ourselves and all other adults who reside in my/our family day care home or are regularly in the home providing care.

C. Have attached Family Day Care-Criminal Record Statement(s) for myself/ourselves and all other adults who reside in my/our family day home or are regularly in the home providing care.

D. Have attached evidence of a negative tuberculosis clearance received during the last year for all adults living in the home or regularly in the home providing care.

E. Have a fire extinguisher and/or a smoke detector device in my/our family day care home which meets standards established by the State Fire Marshal.

F. Accept responsibility to comply with Health and Safety Code and regulations concerning licensing.

G. Shall obtain approval from the licensing agency prior to making any changes that affect the terms of the license.

H. Have attached proof of the experience required to qualify as large family day care applicant(s).

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO MY/OUR KNOWLEDGE.

I/we understand that the signature(s) below authorizes the licensing agency to renew my/our license if all licensing laws and regulations are met at the time of renewal, unless I/we notify the licensing agency that I/we wish to terminate the license.

APPLICANT SIGNATURE	COUNTY WERE SIGNED	DATE
APPLICANT SIGNATURE	COUNTY WHERE SIGNED	DATE

Regulations from
California Administrative Code,
Title 22, Division 6, Chapter 8.5

DISCIPLINE AND PERSONAL RIGHTS

88036 Personal Rights

Each person receiving services from a family day care home shall have the right to be treated with dignity and the right to receive safe, healthful and comfortable accommodations, furnishings and equipment.

Discipline shall be fair, reasonable, consistent and related to the offense.

No child in a family day care home shall be subjected to physical or unusual punishment, humiliation, mental abuse or punitive interference with daily functions of living, such as eating, sleeping or toileting.

Physical punishment is not permitted, even though the child's parents may have given consent. Physical, or corporal punishment includes spanking, hitting, swatting, slapping, shaking and any number of similar punishments.

We have read and understand the regulations on personal rights and discipline and we agree to abide by them.

We are aware that any failure to comply with these regulations could result in the revocation of the license.

_____ _____

Signature of Day Care Applicant Date

_____ _____

Signature of Day Care Applicant Date

WEAPONS SAFETY AGREEMENT

_____
FOSTER/DAY CARE PARENT(S) NAME

_____
ADDRESS

The safety and security of all children in day care and foster care homes requires that all dangerous weapons be kept locked up. They must be locked in racks, cabinets, closets, etc. Ammunition must be stored and locked separately from the firearms.

Dangerous weapons include but are not limited to guns, rifles, carbines, shotguns, pellet guns, BB guns, starter pistols and other firearms; explosive devices such as gun powder, ammunition, primercaps, detonators, fuse cord, fishing spears, scuba guns, souvenir swords, large knives of other than decorative design; large animal traps, crossbows and steel tipped arrows.

Following is a list of the weapons and where they are stored:

_____ (If none, write "NONE")

_____

_____

_____

_____

I/We agree that these weapons described above will be kept under lock and key and may not be used by or around foster or day care children without the express consent of the foster child's placement worker or the day care child's parent.

I/We further agree to tell the licensing worker if any other weapons come into my/our possessions.

_____ _____
FOSTER/DAY CARE PARENT'S SIGNATURE DATE

_____ _____
FOSTER/DAY CARE PARENT'S SIGNATURE DATE

_____ _____
LICENSING WORKER DATE

10-89 DSS (12-81) (8/85)

LICENSING EMERGENCY AND DISASTER PLAN

NAME _____ ADDRESS _____

There shall be at least one person capable of and responsible for communicating with emergency personnel in the home at all times. The name, address, and phone number of each child's physician and dentist shall be readily available (87075).

Each licensed home shall have a written disaster plan of action (87023). Such plan shall include the following:

(1) Emergency names, addresses and telephone numbers must be readily available (preferably posted in a conspicuous place near the telephone). Record emergency numbers below.

FIRE _____ POLICE _____
CIVIL DEFENSE _____ PARAMEDIC _____
POISON CONTROL _____ OTHER _____

(2) ALL FAMILY MEMBERS, especially children who have recently arrived, must be told what to do in case of an emergency. This should include directions of how to call the Fire Department and what information to give when reporting a fire.

(3) Designate a specific meeting place outside of house. Include plan for relocation and supervision of children in case of fire or earthquake.

_____

_____

_____

(4) Establish emergency procedures. Disaster Plan drills are required to impress upon children the necessity for knowing and practicing the quickest means of getting out of the building and not re-entering until instructed to do so by the person in charge. The children must be drilled at least every six months so that their actions in the event of an emergency are as nearly automatic as possible.

(a) Record dates and times of all drills as the Licensing Evaluator will check for drills at each site visit.

Disaster Drills 1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

(b) Specific Fire Evacuation Procedures: _____

_____

_____

_____

(c) Specify Earthquake Procedures: _____

_____

_____

_____

(5) Diagram your house on the back of this form, with exit plan for each room and/or resident. A diagram describing evacuation routes should be posted in the home.

APPROVED BY _____ DATE _____
Licensing Evaluator

10-85 DSS (2-84) (2/86)

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM | FIRST NAME | MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED SHOW PHOTO ID WHEN FINGERPRINTED

DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

ALIASES AKA

ORI CA0349400
DEPT OF JUST
BU OF IDENT
SACRAMENTO. CA

DATE OF BIRTH MONTH DAY YEAR DOB

CONTRIBUTING AGENCY AND ADDRESS RETURN TO

COUNTY OF SAN DIEGO
DEPARTMENT OF SOCIAL SERVICES
LICENSING SECTION
2901 MEADOWLARK DRIVE
SAN DIEGO. CA 92123

Fees exempt pursuant to Section 1822. Health and Safety Code

DRIVERS LICENSE NO. DDL | SEX | HGT | WGT | EYES | HAIR | PLACE OF BIRTH POB

YOUR NO. OCA FACILITY NO

FBI NO. FBI

STATE ID NO. SID

SOCIAL SECURITY NO VOLUNTARY FOR ID ONLY SOC

FACILITY NAME | PURPOSE CODE

DATE FINGERPRINTS SUBMITTED

INFORMATION PROVIDED ON THIS FORM MAY BE COMPUTERIZED IN LOCAL, STATE AND FEDERAL FILES.

LEAVE BLANK

CLASS

REF

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

DO NOT FOLD THIS CARD

(TYPE OR PRINT ALL INFORMATION REQUESTED)

APPLICATION FOR EMPLOYMENT

- ☐ PEACE OFFICER (830 PC)
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ STATE EMPLOYEE
- ☐ CITY/COUNTY EMPLOYEE
- ☐ SCHOOL EMPLOYEE
- ☐ OTHER EMPLOYEE

EMPLOYING AGENCY AND ADDRESS:

POSITION TITLE:

☐ THIS EMPLOYMENT TYPE IS EXEMPT FROM THE PROVISIONS OF SECTION 432.7 OF THE CALIF. LABOR CODE. PLEASE CITE STATUTE OR OTHER REASON FOR EXEMPTION.

APPLICATION FOR LICENSE, PERMIT OR CERTIFICATION

APPLICATION FOR:

- ☒ LICENSE
- ☐ PERMIT
- ☐ CERTIFICATION
- ☐ CCW LICENSE
- ☐ OTHER (SPECIFY)

FACILITY NAME AND ADDRESS

COUNTY OF SAN DIEGO
DEPARTMENT OF SOCIAL SERVICES
LICENSING SECTION
2001 MEADOWLARK DRIVE
SAN DIEGO, CA 92123

TYPE OF FACILITY LICENSE NUMBER (IF KNOWN)

TYPE OF APPLICANT:

- ☐ LICENSEE
- ☐ EMPLOYEE
- ☐ CERTIFIED HOME
- ☐ OTHER *(Explain)*

PERSONAL INFORMATION

APPLICANTS RESIDENCE ADDRESS:

COMPLETE ALL ITEMS CHECKED (✓) ON BOTH SIDES OF THIS CARD.

STATE CLEARANCE FEE REQUIREMENT

CHILDREN'S RESIDENTIAL FACILITY LICENSED TO SERVE SIX OR FEWER OR FAMILY DAY CARE HOME? ☐ YES ☐ NO

IF YES, EXEMPT FROM FEE

IF NO, ATTACH CHECK MONEY ORDER *PAYABLE TO THE DEPARTMENT OF JUSTICE IN THE AMOUNT OF $18.50

State of California
Department of Justice
Bureau of Criminal Identification
P.O. Box 13417
Sacramento, CA 95813-4417

FBI CLEARANCE REQUIREMENT

HAS APPLICANT MOVED INTO CALIFORNIA WITHIN THE LAST TWO (2) YEARS? ☐ YES ☐ NO

IF YES, ATTACH AN ADDITIONAL FINGERPRINT CARD AND CHECK MONEY ORDER *PAYABLE TO THE DEPARTMENT OF JUSTICE IN THE AMOUNT OF $14.00

*IF YOU ARE ENCLOSING CHECKS FOR BOTH STATE AND FBI CLEARANCE, YOU MAY ATTACH A SINGLE CHECK MONEY ORDER MADE PAYABLE TO THE DEPARTMENT OF JUSTICE IN THE AMOUNT OF $32.50

BID-7 (2-82) (SVB OVERLAY) CRC

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

FAMILY DAY CARE
CRIMINAL RECORD STATEMENT

INSTRUCTIONS: *This form must be completed by each individual over the age of 18 who resides in the proposed Family Day Care Home or would function as a Caregiver, Assistant or co-Caregiver in the Family Day Care Home. Submit with fingerprint cards to licensing agency.*

Have you been convicted of a crime, other than a minor traffic violation for which the fine was $50.00 or less?

☐ Yes ☐ No

If yes, please provide the licensing agency with a signed statement indicating the nature and circumstances of the crime(s).

I declare under penalty of perjury that I have read and understand the information contained on this sheet and that my responses and accompanying attachments are true and correct.

SIGNATURE	DATE

LIC 279A (6/82) (PERSONAL)

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P St., M.S. 19-50, Sacramento CA 95814
(916) 920-7712

SUBJECT: Child Abuse Prevention Pamphlet

TO: Family Day Care Providers/Day Care Center Licensees

New regulations require family day care providers and day care center licensees to distribute a child abuse prevention pamphlet to every parent with a child currently enrolled in their facility, and to the parent of any new child at the time of acceptance into care. In addition, the licensee shall request the parent to sign and date a receipt that the parent has received and read the pamphlet, a dated notation to that effect shall be retained in the child's record at day care centers, and retained with the receipts at family day care homes.

An initial supply of the pamphlets and receipts will be mailed to you next month. You are responsible for distributing the pamphlet to all parents within 30 days of receipt of the initial supply.

The pamphlet is entitled "Facing the Facts: a Parent's Guide to the Understanding of Child Sexual Abuse" and the form number is PUB 106. The pamphlet is available in Spanish. For additional copies of the pamphlet in English or Spanish, you may order them from the Department of Social Services Warehouse, 6150 27th Street, P.O. Box 22429, Sacramento, CA 95822.

Your local licensing representative has been informed of this new regulation and will request to view the receipts at your next licensing visit.

Sincerely,

John W Hagerty

JOHN W. HAGERTY
Deputy Director
Community Care Licensing Division

2A

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P St., M.S. 19-50, Sacramento CA 95814
(916) 920-7712

SUBJECT: LIABILITY INSURANCE

Dear Family Day Care Providers:

Effective January 1, 1985, a new law requires family day care homes to have liability insurance or a bond covering injury to clients and guests. The required amount of the insurance or the bond is a minimum of one hundred thousand dollars ($100,000) for each injury or death sustained on account of the negligence of the licensee or facility employees, not to exceed $300,000 aggregate.

In lieu of the liability insurance or the bond, the family day care home may maintain a file of affidavits signed by each parent with a child enrolled in the home. The affidavit shall state that the parent has been informed that the family day care provider does not carry liability insurance or a bond according to standards established by the state. These affidavits will be provided by the licensing department and will be reviewed at each licensing inspection.

If you plan to obtain the liability insurance or the bond, it is your responsibility to contact your insurance company for the appropriate coverage. According to insurance providers, a family day care home that cares for up to four children could have an endorsement added to an existing homeowners policy to provide the additional $100,000 coverage. The cost of this additional liability coverage would range from $10.00 to $100.00 annually, depending on the amount of liability coverage currently carried on the homeowners policy and the number of children in care.

If you plan to maintain a file of affidavits signed by each parent, it is your responsibility to order the affidavit forms from the Department of Social Services Warehouse, 6150 27th Street, P.O. Box 22429, Sacramento, CA 95822. The form is titled "Affidavit Regarding Liability Insurance for Family Day Care Homes" and the form number is LIC 282.

Your local licensing representative has been advised of the new liability insurance requirement, and will request verification of the insurance, bond, or affidavits at the time of your next licensing visit.

Sincerely,

John W Hagerty

JOHN W. HAGERTY
Deputy Director
Community Care Licensing Division

25

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, M.S. 19-50, Sacramento, CA 95814
(916) 920-7712

Dear Child Care Provider:

Recent changes to the law (Assembly Bill 466, Chapter 707, statutes of 1985) require that parents and guardians be informed by facilities of their rights to enter and inspect the child day care facility in which their child is receiving care. Additionally, it requires that a written notice be posted in an area accessible for viewing in the facility.

In order to comply with this requirement the attached form has been designed with a detachable signature and date line to enable you to give the "rights" information to each parent/guardian and to enable you to place the signature/date portion in the child's file for review by licensing. This same notice may be used for posting and must be placed in an area accessible for viewing.

If you have any questions regarding this requirement, please contact your licensing evaluator.

John W Hagerty

JOHN W. HAGERTY
Deputy Director
Community Care Licensing

Attachment

Facing The Facts:

A Parent's Guide to the Understanding of

Child Sexual Abuse

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and laypersons **must** report suspected abuse to the proper authorities. The mandated reporters include:

Any Child Care Custodian *(teachers, licensed day care workers, foster parents, social workers)*

Medical Practitioners *(physicians, dentists, psychologists, nurses)*

Nonmedical Practitioners *(public health employees, counselors, religious practitioners who treat children)*

Employees of a child protective agency *(sheriff, probation officers, county welfare department employees)*

Failure to report suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by 6 months in jail and/or a $1,000 fine.

STATE OF CALIFORNIA
George Deukmejian, Governor
HEALTH AND WELFARE AGENCY
David B. Swoap, Secretary
DEPARTMENT OF SOCIAL SERVICES
Linda S. McMahon, Director

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PUB 106 (12/84)

Who Gets Sexually Abused?

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind:

- Although the majority of adults do not sexually assault children, most sexual abuse occurs with an adult the child knows and trusts.
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

- Pain, itching, or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people (such as a day care center or a friend)
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child (such as an older child sucking his or her thumb)
- Unexplained changes in behavior at school, day care, or in relations with peers

Other Things Parents Can Do To Lessen The Risk Of Sexual Abuse.

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any babysitters or day care providers. Ask for references and then check them. Do not use child care settings which prohibit drop-in visiting. Visit your child's day care facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything they say or do that seems out of the ordinary.

- Immediately report the abuse to the proper authorities (see: Centers and Services).
- Assure your child that you still love him or her.
- Allow your child to talk about the incident(s), but do not pressure him or her to do so.
- Let your child know that he or she will be protected from further assault. Protection of your child should be your first concern.
- Seek medical care if you suspect any sexual abuse may have occurred. Although children are rarely seriously damaged physically by sex offenders, internal harm may have occurred and the risk of a sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- Be aware of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

Just Sexual Abuse?

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. (This can be done in a casual manner while dressing or bathing.) Question any unusual marks, bruises, burns, welts, etc.

BEST COPY AVAILABLE

NOTICE

Parent's Rights

1. Parents/guardians, upon presentation of identification, have the right to enter and inspect the child care facility, in which their child(ren) is receiving care.

2. The law prohibits discrimination or retaliation against any child or parent/guardian for exercising their right to inspect.

3. The law requires that parents/guardians be notified of their rights to enter and inspect.

4. The law requires that this notice of parents' rights to enter and inspect be posted in the facility in a location accessible to parents/guardians.

5. The law authorizes the person in charge of the chid day care facility to deny access to parent/guardian under the following circumstances:

   a) The parent/guardian is behaving in a way which poses a risk to children in the facility, or

   b) The adult is a noncustodial parent and the facility has been requested in writing by the custodial parent to not permit access to the noncustodial parent.

(Detach Here)

This form is to be retained in the child's file

PARENT'S RIGHTS

This will acknowledge that I/we, the parent(s) of

_____, have received a copy of

"PARENT'S RIGHTS"

from the licensee or authorized representative of

_____

(Name of Facility)

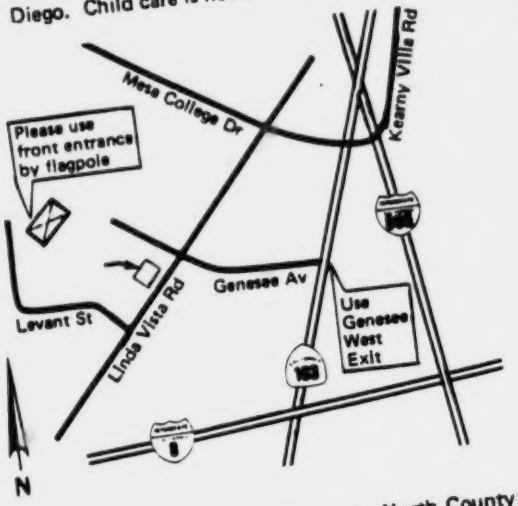
_____ _____

Signature of Parent(s)/Guardian(s) Date

CALL THE OFFICE NEAREST TO YOU

If you are interested in becoming licensed or you wish further information, call the Licensing office at 2901 Meadow Lark Drive, San Diego, 560-2573.

Applications and further information are available at the orientation meetings held each Tuesday at 10:00 a.m. at 6950 Levant Street in San Diego. Child care is not offered.



For orientation information in North County, call 741-4273 or 433-5151.

COUNTY OF SAN DIEGO
Department of Social Services

OPEN YOUR HOME TO DAY CARE

FAMILY DAY CARE LICENSING

FAMILY DAY CARE LICENSING
560-2573

NORTH COUNTY
741-4273 or 433-5151

THE NOBLEST MOTIVE IS THE PUBLIC GOOD
COUNTY OF SAN DIEGO
MDCCCLI

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1981

INTRODUCTION

Nearly half of all your
have mothers who wo
cared for in Family D
offer children care and
during the hours their p

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Becoming a Family Day
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FAMILY DAY CARE AND THE LAW

Under California law, a license is required for any person providing regular child care services in his/her home for unrelated children from two or more families. Providing child care without a license is a misdemeanor.

Licensing is for the protection of children, assuring that health and safety standards are met. The caregiver must provide a nurturing environment with nutritious meals and adequate facilities for napping, indoor and outdoor play and learning experiences.

...o fee is charged for the
... Day Care license.

Providing child care can be a good source of income. The day care home handles all business arrangements with the working parent. The licensing agency does not set rates. Many of the expenses involved in day care are tax deductible.

NATURAL DISASTERS in SAN DIEGO COUNTY

FIRE
EARTHQUAKE
FLOOD

San Diego County
Office of Disaster Preparedness
5201 Ruffin Rd., Suite Q
San Diego CA 92123
(916) 565-3490

WHAT TO DO...

IF INDOORS, STAY INDOORS. desk, table or bench, or or against inside walls. glass windows or skyligh outdoors! You may be hit or live wires.

IF OUTDOORS, GET AWAY F to clear areas and stay utility poles and downe cause serious injury o

DO NOT TURN OFF UTILIT are damaged. If there or wires...

a. WATER-if pipes are house, shut of mai bringing the water

b. ELECTRICITY-if th wired, trouble is you are sure ther turn off electricity at mete pulling switch.

c. GAS-if gas pipes are broken inside the house, close valve at meter and call your gas company. DO NOT TRY TO REOPEN METER.

FLOODS

Floods in Southern California are not expected every year as they are in other parts of North America. However, the records show that flood conditions could hit San Diego County. In 1916 and 1927, major floods in San Diego were real disasters. In 1938 flood conditions in parts of the County caused damages estimated to cost $600,000. Local flood conditions may be expected in many parts of the County during the rain season.

WHAT TO DO...
During heavy rains, check your floor furnace often.

ve floor level, ain switch. If r plugs, a short- ng a fire. If at water coming minated, be sure e. Purify by tion tablets or ehold bleach per w to stand for

adly flooded as to move your emergen- kets to an upper Keep calm and wait

useful in protecting od waters. You if you live in low

our car are wet, they keep them relatively dry by pressure on the brake pedal while going through shallow water.

Avoid driving on flooded streets or highways. Particularly avoid dips and low places.

DO

1. Turn on television or radio for information and instructions. (Use automobile or portable radio if electrical service is out)
2. Keep flashlight handy.
3. Know the telephone number of your family doctor or nearest one available in case of need.
4. Learn simple first aid procedures.

DO NOT

1. Use candles, matches or other open flames.
2. Enter damaged buildings until inspected and approved by Building Inspection Dept.
3. Make unnecessary phone calls.

Manual of Policies and Procedures

FAMILY DAY CARE HOMES FOR CHILDREN

DIVISION 12

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Distributed Under the Library Distribution Act

July 1985

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"This Users' Manual is issued as an operational tool.

This Manual contains

a) Regulations adopted by the State Department of Social Services (SDSS) for the governance of its agents, licensees, and/or beneficiaries

b) Regulations adopted by other State Departments affecting SDSS programs

c) Statutes from appropriate Codes which govern SDSS programs; and

d) Court decisions

e) Operational standards by which SDSS staff will evaluate performance within SDSS programs.

Regulations of SDSS are printed in gothic type as is this sentence.

Italic print is used to indicate statutes, other departments' regulations, and operational standards for evaluation. Please note that both other departments' regulations and statutes are mandatory, not optional.

Questions relative to this Users' Manual should be directed to your usual program policy office."

Article 1. GENERAL REQUIREMENTS AND DEFINITIONS

102351.1 SPECIFIC EXEMPTION 102351.1

The provisions of Chapter 1, General Requirements, shall not apply to Family Day Care Homes.

102352 DEFINITIONS 102352

(a) "Adult" or "Substitute Adult" means a person who is 18 years of age or older.

(b) "Applicant" means any person or persons making an application for a license to operate a family day care home.

(c) "Assistant Provider" means a person at least 14 years of age who is primarily involved in caring for children during the hours that the home provides care.

(d) "Capacity" means the maximum number of children for whom care is authorized at any one time.

(e) "Child" means a person, including an infant, who has not yet reached his or her eighteenth birthday.

(f) "Completed Application" means that all required information and documentation has been provided to the department or licensing agency, including the completed application form, a fire clearance if more than six children are to receive care, and that a home visit has been completed.

(g) "Department" is defined in Health and Safety Code Section 1596.77.

Health and Safety Code Section 1596.77:

"Department" means the State Department of Social Services.

(h) "Director" is defined in Health and Safety Code Section 1596.770.

Health and Safety Code Section 1596.770:

"Director" means the Director of Social Services.

(i) "Family Day Care" means regularly provided care, protection and supervision of children, in the caregiver's own home, for periods of less than 24 hours per day, while the parents or guardians are away.

(j) "Infant" means a child who has not yet reached his or her second birthday.

(k) "License" means a written authorization by the Department or licensing agency to operate a family day care home.

102352 DEFINITIONS (Continued) **102352**

(l) "Licensee" or "registrant" means an adult licensed or registered to operate a Family Day Care Home and who is primarily involved in providing care for the children during the hours that the home provides care.

(m) "Licensing agency" means the Department licensing office, the county welfare department, or other public agency which has delegated authority by contract with the Department of Social Services to license designated categories of community care facilities.

(n) "Provider" means anyone providing care to children as authorized by these regulations and includes the licensee, registrant, assistant provider or substitute adult.

(o) "Registration" means written authorization by the Department or licensing agency to operate a Family Day Care Home as part of the demonstration project pursuant to Health and Safety Code Section 1597.62.

Article 2. LICENSING

102357 OPERATION WITHOUT A LICENSE OR REGISTRATION **102357**

(a) If the licensing agency has reason to believe that family day care is being provided without a license or registration, the licensing agency shall:

(1) Conduct a site visit to:

(A) Determine whether the home is operating without a license or registration.

(B) Determine whether continued operation of the facility will be dangerous to the health and safety of the children in care.

(2) Notify the unlicensed provider in writing of the requirements for such licensure or registration.

(3) Issue a Notice of Operation in Violation of Law if it is found and documented that continued operation of the facility will be dangerous to the health and safety of the children. Situations endangering the health and safety of the children shall include, but not be limited to:

(A) Evidence of physical or mental abuse.

(B) Children left unattended or left with a minor.

(C) Clear evidence of unsanitary conditions.

(D) Fire safety/fire hazards.

(E) Unfenced or accessible pools or other bodies of water.

(F) Hazardous physical plant.

(4) Issue a Notice of Operation in Violation of Law if the unlicensed provider does not apply for a license or registration within 15 working days from the date of notification.

102358 LICENSE EXEMPTIONS **102358**

(a) Licensure or registration is required before Family Day Care is provided except as provided in Section 1596.792 of the Health and Safety Code.

(1) The children being cared for are related by blood or marriage to the caregiver.

(2) The children being cared for are from one family in addition to the operator's own children.

(3) The home is accredited by a school district.

(4) The care provided to children is part of a cooperative arrangement between parents for the care of their children by one or more of the parents, when no payment for the care is involved.

Article 3. APPLICATION PROCEDURE

102368 LICENSE OR REGISTRATION **102368**

(a) The license or registration shall be available in the facility upon request.

(b) The license or registration shall not be transferred to other individuals or locations.

(c) Any person 18 years of age or over may apply for a license or registration regardless of age, sex, race, religion, color, political affiliation, national origin, handicaps, or marital status.

102369 APPLICATION FOR INITIAL LICENSE **102369**

(a) To apply for a license to operate a Family Day Care Home, an applicant shall file a written application with the Department or licensing agency, on forms provided or approved by the Department.

(b) The applicant shall provide all of the following information at the time of submission of the application:

(1) Name, address, telephone number and confirmation that the applicant is 18 years of age or over.

(2) Age and number of children to whom care will be provided.

(3) Name and age of every person residing in the home where care is to be provided.

(4) A statement that the applicant will comply with all regulations and laws governing Family Day Care Homes.

102369 APPLICATION FOR INITIAL LICENSE (Continued) **102369**

(5) The information required by Health and Safety Code Sections 1597.52(b) and 1597.54(a)-(e).

Health and Safety Code Section 1597.52(b) provides:

No home shall be licensed as a large family day care home after January 1, 1984, unless the provider has at least one year experience as a regulated small family day care home operator or as an administrator of a licensed day care center. The director may waive this requirement upon a finding that the applicant has sufficient qualifying experience.

Health and Safety Code Section 1597.54(a) - (e) provides:

(A) A brief statement confirming that the applicant is financially secure to operate a family day care home for children. The department shall not require any other specific or detailed financial disclosure.

(B) Evidence that the small family day care home contains a fire extinguisher or smoke detector device, or both, which meets standards established by the State Fire Marshal under subdivision (d) of Section 1597.45 or evidence that the large family day care home meets the standards established by the State Fire Marshal under subdivision (d) of Section 1597.46.

(C) The fingerprints of any operator of a family day care home, and any other adult living in the same location.

(D) Evidence of a current tuberculosis clearance for any adult in the home during the time that children are under care.

(E) Such other information as may be required by the department for the proper administration and enforcement of the chapter.

102369 APPLICATION FOR INITIAL LICENSE (Continued) **102369**

(6) Fingerprint cards from all persons specified in Health and Safety Code Section 1596.871.

Health and Safety Code Section 1596.871 provides in part:

In addition to the applicant, the provisions shall apply to the following persons:

(A) Any person, other than a child, residing in the facility.

(B) Any person who provides assistance to the children in care in dressing, grooming, bathing, or personal hygiene.

(C) Any staff person or employee who has frequent and routine contact with the children. In determining who has frequent contact, any volunteer who is in the facility shall be exempt unless the volunteer is used to replace or supplement staff in providing direct care and supervision of children in care. In determining who has routine contact, staff and employees under direct onsite supervision and who are not providing direct care and supervision or who have only occasional or intermittent contact with children in care shall be exempt. At the time of employment, all staff and employees required to be fingerprinted shall sign a statement regarding prior criminal convictions and be fingerprinted. Fingerprints shall be submitted to the licensing agency within 20 days following employment.

(D) This section does not apply to adult volunteers or adult staff employed by the applicant on an intermittent basis for less than 10 days per month, provided that these adults are under constant supervision by adults who meet the requirements of this section.

102369.1 PILOT PROJECT REGISTRATION **102369.1**

(a) Any person desiring to register to operate a Family Day Care Home for children pursuant to Health and Safety Code Section 1597.62 shall file a written application with the Department or licensing agency on forms provided or approved by the Department.

(b) The applicant shall provide all of the information required in Health and Safety Code Section 1597.62(b) at the time of submission of the application.

102369.1 PILOT PROJECT REGISTRATION (Continued) **102369.1**

(c) Submission of all of the required information shall be considered completed registration, which shall be sufficient to permit continued operation of a Family Day Care Home.

(d) Family Day Care Homes registered pursuant to this section must maintain substantial compliance with regulations governing licensed Family Day Care Homes.

102370 CRIMINAL RECORD CLEARANCE **102370**

If the applicant or registrant is unable to provide the statements required by Health and Safety Code Sections 1597.52(b) and 1597.54(c), the license shall be denied, suspended or revoked. If the applicant or registrant has a record of conviction of a crime, other than a minor traffic violation, as determined in accordance with Health and Safety Code Section 1597.59(a), the license shall be suspended in accordance with Health and Safety Code Section 1597.52(b). The facility shall be ordered to cease and desist operation in accordance with Health and Safety Code Section 1528(d) and the Department may initiate other legal proceedings in accordance with Health and Safety Code Sections 1541 and/or 1543, or take other action as necessary including referral for criminal prosecution and/or civil proceedings.

102370.1 EXCEPTIONS TO CRIMINAL RECORD CLEARANCE REQUIREMENTS **102370.1**

(a) If it is found that the applicant or registrant or any other person residing at or regularly in the home during the hours of care, has ever been convicted of a crime other than a minor traffic violation involving a fine of $50 or less, the application for licensure shall be denied or the license shall be revoked, unless (1) or (2) below apply:

(1) Such person has been granted a full and unconditional pardon for the offense, by the governor.

(2) After a review of the record, the Director determines that such a person is of such good character as to justify issuance of a license. Factors the Director may consider in justifying issuance of a license shall include, but are not limited to:

(A) The nature of the offense committed.

(B) Time elapsed since the offense was committed, and the number of offenses.

(C) Circumstances surrounding the commission of the crime that would demonstrate the unlikelihood of repetition.

(D) Activities since conviction, such as employment, education, or participation in therapy, that would indicate rehabilitation.

(E) Character references.

(F) A Certificate of Rehabilitation from a Superior Court.

102371 FIRE SAFETY CLEARANCE **102371**

A fire safety clearance by the State Fire Marshal shall be required for any Family Day Care Home which is licensed for seven or more, and when one or more nonambulatory children, as defined in Health and Safety Code Sections 13131 and 13131.3, are in care.

(1) Health and Safety Code Section 13131 states:

"Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

(2) Health and Safety Code Section 13143 provides generally:

A fire clearance shall not be required if the family day care home is providing care for:

(A) Six or fewer ambulatory children, and/or

(B) Children two years of age or younger.

102383 TERM OF AN INITIAL OR RENEWAL LICENSE **102383**

(a) The term of the license shall be as specified in Health and Safety Code Section 1597.58.

Health and Safety Code Section 1597.58 states, generally:

(A) The initial or renewal of a Family Day Care license shall expire three (3) years from the date of issuance.

(B) A renewal application shall be filed, with the Department or Licensing Agency, thirty (30) days prior to the expiration date. Failure to make an application for renewal prior to that date shall result in expiration of the license.

(b) The license shall be automatically renewed if the renewal application has been filed 30 days prior to the expiration date as specified in Health and Safety Code Section 1597.58.

102383.1 EXPIRATION OF REGISTRATION **102383.1**

The registration pilot project shall expire on January 1, 1983. The Department or licensing agency shall notify the registrant, in writing, of the approaching expiration date at least 60 days prior to the expiration.

Article 4. ADMINISTRATIVE ACTIONS

102391 DENIAL OF A LICENSE 102391

(a) When the requirements for licensure are not met, the Department shall deny the application within 30 days after receipt of a completed application.

(b) If the application is denied, Health and Safety Code Section 1596.871 shall apply.

Health and Safety Code Section 1596.871(f) states:

Immediately upon the denial of any application for a license or for a special permit, the department shall notify the applicant in writing. Within 15 days after the department mails the notice, the applicant may present his written petition for a hearing to the department. Upon receipt by the department of the petition in proper form, the petition shall be set for hearing. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department has all the powers granted therein.

(c) An application for initial or renewal licensure shall not be denied solely on the basis that the applicant is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).

(1) Section 11165, subdivision (g) of the Penal Code states:

Child abuse means a physical injury which is inflicted by other than accidental means on a child by another person. Child abuse also means the sexual assault of a child or any act or omission proscribed by Section 273a (willful cruelty or unjustifiable punishment of a child) or 273d (corporal punishment or injury). Child abuse also means the neglect of a child or abuse in out-of-home care.

(2) Section 273(a) of the Penal Code states:

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of such child to be injured, or willfully causes or permits such child to be placed in such situation that its person or health is endangered, is punishable by imprisonment in the county jail not exceeding one year, or in the state prison for 2, 3 or 4 years.

Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of such child to be placed in such situation that its person or health may be endangered, is guilty of a misdemeanor.

102391 DENIAL OF LICENSE (Continued) **102391**

(3) Section 273(d) of the Penal Code states:

Any person who willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition is guilty of a felony, and upon conviction thereof shall be punished by imprisonment in the state prison for 2, 3 or 4 years, or in the county jail for not more than one year.

(4) Section 1531.5(c) of the Health and Safety Code states:

Child abuse means a situation in which a child suffers from any one or more of the following:

(A) Serious physical injury inflicted upon the child by other than accidental means.

(B) Harm by reason of intentional neglect or malnutrition or sexual abuse.

(C) Going without necessary and basic physical care.

(D) Willful mental injury, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Director of Social Services.

(E) Any condition which results in the violation of the rights or physical, mental, or moral welfare of a child or jeopardizes the child's present or future health, opportunity for normal development, or capacity for independence.

(d) No limitation shall be imposed on the licensee or printed on the license solely on the basis of a written or oral admission by the licensee to the use of corporal punishment, not constituting child abuse as defined in Section 1.1165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code on his/her own child(ren).

(1) Whenever possible, the licensee shall not use corporal punishment on his/her own children in the presence of other children.

102393 REVOCATION OR SUSPENSION OF A LICENSE OR REGISTRATION 102393

(a) The Department shall have the authority to suspend or revoke any license as specified in Health and Safety Code Section 1596.885.

(1) Health and Safety Code Section 1596.885 states, in general: The following are grounds for suspension or revocation:

(A) Violation by the licensee of any of the provisions of the Child Day Care Act or of the rules and regulations promulgated under the act.

(B) Aiding, abetting, or permitting the violation of any provision of the Child Day Care Act or of the rules and regulations promulgated under the act.

(C) Conduct in the operation or maintenance of a child day care facility which is inimical to the health, morals, welfare, or safety of either an individual in or receiving services from the facility or the people of the State of California.

(D) The conviction of a licensee, or other person specified in Section 1596.871, at any time during licensure, of a crime as defined in Section 1596.871.

(2) Health and Safety Code Section 1596.871 provides, in part:

(A) The department shall secure a criminal record to determine whether the licensee or other specified adults has ever been convicted of a crime other than a minor traffic violation.

(B) The department defines a minor traffic violation as one with a fine of $50 or less.

(3) Health and Safety Code Section 1596.886 states:

The director may temporarily suspend any license, registration, or special permit prior to any hearing when, in the opinion of the director, the action is necessary to protect any child of the day care facility from physical or mental abuse, abandonment or any other substantial threat to health or safety. The director shall notify the licensee, registrant, or holder of the special permit of the temporary suspension and the effective date thereof and at the same time shall serve the provider with an accusation. Upon receipt of a notice of defense to the accusation by the licensee, registrant, or holder of the special permit, the director shall, within 15 days, set the matter for hearing, and the hearing shall be held as soon as possible, but not later than 30 days after receipt of the notice. The temporary suspension shall remain in effect until such time as the hearing is completed and the director has made a final determination on the merits. However, the temporary suspension shall be deemed vacated if the director fails to make a final determination of the merits within 30 days after the original hearing has been completed.

102394 LICENSEE OR REGISTRANT COMPLAINTS 102394

(a) Each licensee or registrant shall have the right, without prejudice or risk of discriminatory treatment by the licensing agency, to bring to the attention of the licensing agency any action or behavior by the licensing representative that he/she believes is a wrongful application of these regulations, or capricious enforcement of them.

(b) The licensee or registrant shall have the right to complain to the licensing agency regarding a review of any disputed issues.

102395 INSPECTION AUTHORITY 102395

(a) In accordance with the provisions of Health and Safety Code Section 1597.55:

(1) The licensee shall permit the licensing agency to inspect the facility for compliance with or to prevent violations of family day care statute or regulation during the facility's normal business hours or at any time family day care services are being provided at the facility.

(2) The licensee shall permit the licensing agency to inspect any part of the facility in which family day care services are provided or to which children have access.

102396 SITE VISITS 102396

(a) Site visits to licensed Family Day Care Homes shall be made in accordance with Health and Safety Code Section 1597.55.

Health and Safety Code Section 1597.55 states, in general:

No site visitations, or unannounced visits or spot checks shall be made except as provided in this section.

(1) A site visit shall be required prior to the initial licensing of the applicant.

(2) An unannounced site visitation shall be required for the renewal of a license.

(3) The Department or licensing agency shall make an unannounced site visitation on the basis of a complaint and a follow-up visit as provided in Health and Safety Code Section 1597.56.

(4) In addition to any site visitation or spot check authorized under this section, the Department shall annually make unannounced visits on 10 percent of all family day care homes for children licensed under this chapter. The unannounced visits may be made at any time, including the time of a request for a renewal of a license.

(b) Site visits to registered Family Day Care Homes shall be made in accordance with Health Code Section 1597.62(d) and (e).

Article 5. ENFORCEMENT PROVISIONS (Reserved)

Article 6. CONTINUING REQUIREMENTS

102416.5 STAFFING RATIO AND CAPACITY 102416.5

(a) The maximum number of children, including the licensee's own children under age 12, for whom care shall be provided when there is no assistant provider in the home shall be either:

(1) Four infants.

(2) Six children, no more than three of whom may be infants.

(b) The maximum number of children, including the licensee's and assistant provider's own children under age 12, for whom care shall be provided when there is an assistant provider in the home shall be twelve children, no more than four of whom may be infants.

(c) A Family Day Care Home shall have a maximum capacity of 12 provided that staffing ratios are maintained.

(d) The capacity specified on the license shall be the maximum number of children to whom care can be provided.

102417 OPERATION OF A FAMILY DAY CARE HOME 102417

(a) The licensee or registrant shall be present in the home and shall insure that the children are supervised at all times while children are in care, except when circumstances require his/her temporary absence. The licensee or registrant shall arrange for a substitute adult to care for and supervise the children during his/her absence. Temporary absences shall not exceed 20 percent of the hours that the facility is providing care per day.

(b) The home shall be kept clean and orderly, with heating and ventilation for safety and comfort.

(c) The home shall maintain telephone service.

(d) The home shall provide safe toys, play equipment and materials.

(e) When a child shows signs of illness he/she shall be separated from other children and the nature of the illness determined. If it is a communicable disease he/she shall be separated from other children until the infectious stage is over.

(f) If food is brought from the children's homes, the container shall be labeled with the child's name and properly stored or refrigerated.

(g) The home shall be free from defects or conditions which might endanger a child. Safety precautions shall include but not be limited to:

102417 OPERATION OF A FAMILY DAY CARE HOME (Continued) **102417**

(1) Fireplaces and open-face heaters shall be screened to prevent access by children. The home shall contain a fire extinguisher or smoke detector device, or both, which meets standards established by the State Fire Marshal.

(2) Gas heaters shall be properly vented and permanently installed.

(3) Where children less than five years old are in care, stairs shall be fenced or barricaded.

(4) Poisons, detergents, cleaning compounds, medicines, firearms and other items which could pose a danger if readily available to children shall be stored where they are inaccessible to children.

(A) Storage areas for poisons, firearms and other dangerous weapons shall be locked.

(B) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.

1. Firing pins shall be stored and locked separately from firearms.

(C) Ammunition shall be stored and locked separately from firearms.

(5) All in-ground swimming pools shall have at least a five foot fence or covering inspected and approved by the licensing agency. Fencing shall be so constructed that it does not obscure the pool from view, cannot be easily climbed by children and is self-latching at the top of the gate. If a pool cover is used, it shall be strong enough to completely support the weight of an adult.

(A) Bodies of water including but not limited to above ground pools which cannot be emptied after each use, fish ponds, sunken wading pools, spas, and hot tubs shall be made inaccessible when not in use, by fencing or covering. If a cover is used, it shall be strong enough to completely support the weight of an adult.

(6) Outdoor play areas shall be either fenced, or outdoor play shall be supervised by the licensee or caregiver.

(7) An emergency information card shall be maintained for each child and shall include the child's full name, telephone number and location of a parent or other responsible adult to be contacted in an emeregency, the name and telephone number of the child's physician and the parent's authorization for the licensee or registrant to consent to emergency medical care.

(8) Each Family Day Care Home shall have a written disaster plan of action prepared on a form approved by the licensing agency. All children, age and ability permitting, provider and assistant provider, and other members of the household shall be instructed in their duties under the disaster plan. As new children are enrolled, age and ability permitting, they shall be informed promptly of their duties as required in the plan.

102419 ADMISSION PROCEDURES **102419**

(a) Within 30 days of receipt of an initial supply of child abuse prevention pamphlets furnished by the Department, the licensee shall distribute a pamphlet to the parent of each child being cared for in the home.

(1) The licensee shall request the parent to sign and date a receipt that the parent has received and read the pamphlet.

(b) At the time of acceptance of each child into care, the licensee shall provide the child's parent with a copy of the pamphlet.

(1) The licensee shall request the parent to sign and date a receipt that the parent has received and read the pamphlet.

102421 CHILD'S RECORDS **102421**

(a) The licensee shall maintain, in the home, the receipt signed and dated by the parent acknowledging receipt of the child abuse prevention pamphlet required in Section 88068.1.

(1) If the parent refuses to sign a receipt for the pamphlet, a dated notation to that effect, containing the parent's name and telephone number, shall be retained with the receipts.

(b) The signed and dated receipts and notations shall be retained for at least three years following termination of service to the child.

102423 PERSONAL RIGHTS **102423**

(a) Each child receiving services from a Family Day Care Home shall have certain rights which shall not be waived or abridged by the licensee or registrant, regardless of parental consent or authorization. These rights include, but are not limited to the following:

(1) To be treated with dignity in his/her personal relationship with staff and other persons.

(2) To receive safe, healthful, and comfortable accommodations, furnishings, and equipment.

(3) To have parents or guardians informed by the licensee of the provisions of the law regarding complaints and the procedures for registering complaints confidentially, including, but not limited to the address and telephone number of the licensing agency's complaint unit.

(4) To not be subjected to physical or unusual punishment, humiliation, mental abuse, or punitive interference with daily functions of living, such as eating, sleeping or toileting.

(b) Parents, legal guardians or authorized representatives of children in care shall be given a consumer education and awareness handout by the licensee or registrant. Such handout shall be provided by the Department and distributed to licensees and registrants by the licensing agency.

Article 7. PHYSICAL ENVIRONMENT (Reserved)

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

FAMILY DAY CARE
CRIMINAL RECORD STATEMENT

INSTRUCTIONS: *This form must be completed by each individual over the age of 18 who resides in the proposed Family Day Care Home or would function as a Caregiver, Assistant or co-Caregiver in the Family Day Care Home. Submit with fingerprint cards to licensing agency.*

Have you been convicted of a crime, other than a minor traffic violation for which the fine was $50.00 or less?

☐ Yes ☐ No

If yes, please provide the licensing agency with a signed statement indicating the nature and circumstances of the crime(s).

I declare under penalty of perjury that I have read and understand the information contained on this sheet and that my responses and accompanying attachments are true and correct.

SIGNATURE	DATE

LIC 279A (6/83) (PERSONAL)

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

INSTRUCTIONS *THIS FORM IS INTENDED FOR USE BY APPLICANT(S) TO OPERATE A FAMILY DAY CARE HOME. TYPE OR PRINT CLEARLY.*

APPLICATION FOR FAMILY DAY CARE LICENSE

IDENTIFYING INFORMATION

NAME

CHILD 10 YEARS OLD ☐ YES ☐ NO

ADDRESS

TELEPHONE ( )

OTHERS IN HOME

NAME	AGE	RELATIONSHIP

OPERATIONAL INFORMATION

PROPOSED CAPACITY

I/WE HEREBY CERTIFY THAT I/WE:

A. Have sufficient financial resources to maintain the standards of service required by statutes and regulations to operate a family day care home. *(initial application only)*

B. Have attached fingerprint cards for myself/ourselves. *(initial application only)*

C. Have attached evidence of a negative tuberculosis clearance for all care providers. *(initial application only)*

D. Have a fire extinguisher and/or a smoke detector device in my/our family day care home which meets standards established by the State Fire Marshal *(initial and renewal application)*

E. Have submitted or attached fingerprint cards for all other adults that reside in my/our family day care home. *(initial and renewal application)*

F. Accept responsibility to comply with Health and Safety Code and regulations concerning licensing. *(initial and renewal application)*

I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO MY/OUR KNOWLEDGE.

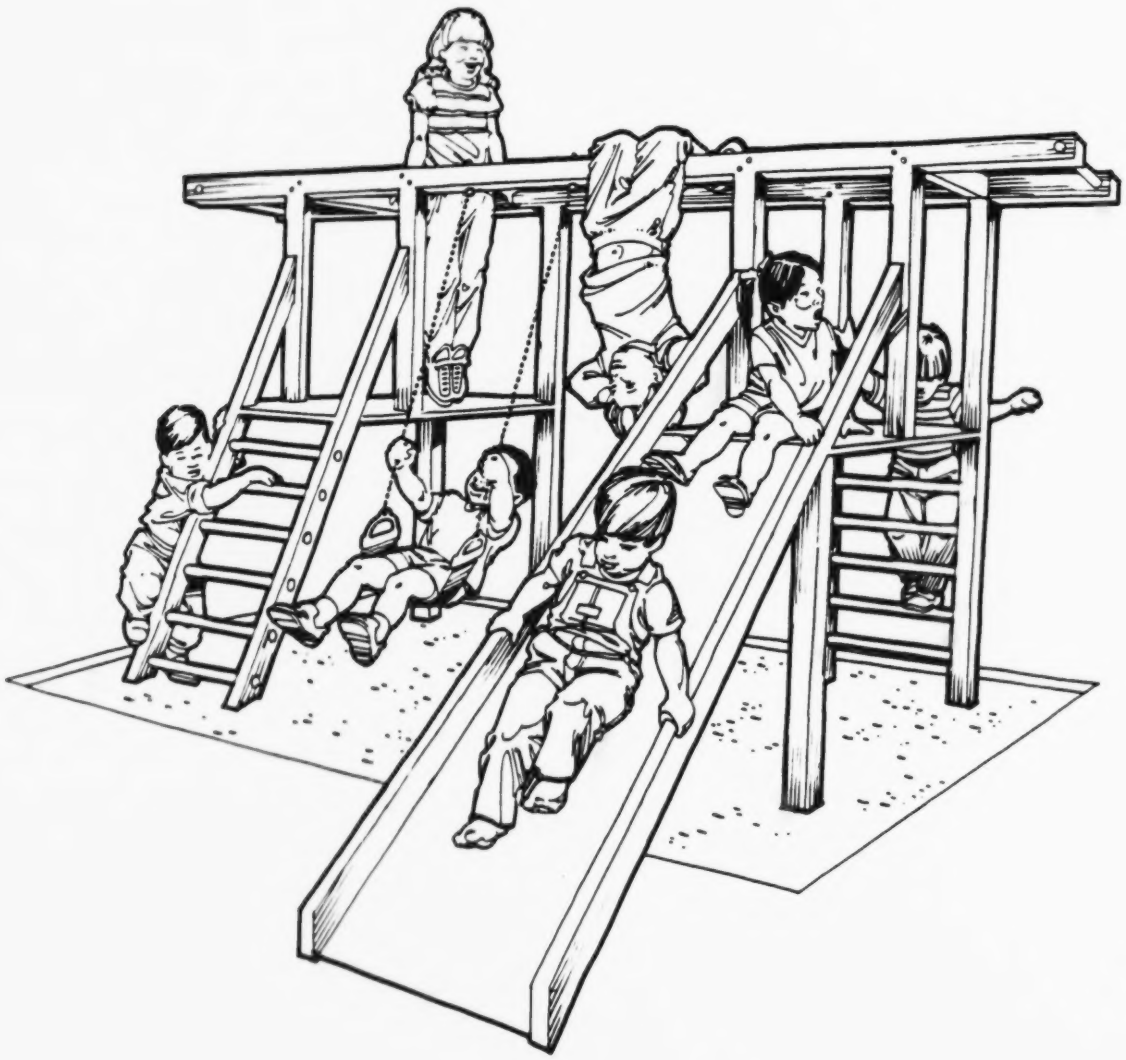
SIGNATURE DATE

SIGNATURE DATE

LIC 279 (9/81)

FAMILY DAY CARE ENVIRONMENT

SESSIONS-6 & 7



COMPARING DAY CARE HOMES AND PRE-SCHOOLS

Comparison Questions	Family Day Care Home	Pre-School
1. What is the ratio of day care provider or teacher to children?		
2. What ages are accepted?		
3. How are the rooms arranged?		
4. What type of furnishings are used? Can any be made easily and inexpensively?		
5. What type of outdoor play area is provided?		
6. Is there a good selection of toys and children's books?		
7. Is the place completely child-proofed?		
8. What type of snacks and meals are provided?		
9. Does the child need to be toilet trained?		
10. Does the child need to bring an extra change of clothes in case of soil or wetting? What happens to the soiled clothing?		
11. Are there regularly scheduled group activities (storytime, singing, painting, etc.)?		
12. Are field trips to places of interest permitted (zoo, park, etc.)?		

Continued

Comparison Questions	Family Day Care Home	Pre-School
13. Are nap times scheduled or can children sleep when they are tired?		
14. Are sick children accepted or do parents need to make other arrangements?		
15. What is the hourly and/or weekly rate?		
16. What and how are child care fees paid?		
17. Are part-time placements accepted?		
18. Who has permission to pick up the children? How are late pick-ups handled?		
19. Will care be provided on holidays or school vacation periods or do parents need to make other arrangements?		
20. How are special needs of children met (e.g., the allergic or asthmatic child in need of medication and special care)?		
21. What type of liability insurance coverage does the day care provider/pre-school carry?		

SETTING UP YOUR HOME

A. TWO APPROACHES IN SETTING UP YOUR HOME

1. Leave your home just like it normally is, but child-proof *thoroughly.*
2. Pattern after a school—have a "small child environment.

B. NOT NECESSARY TO SPEND A LOT OF MONEY ON EQUIPMENT/FURNISHINGS

1. Use items already available—be creative.
2. Try swap meets, garage sales, Goodwill, Pic & Save, friends cleaning out closets, "word of mouth" deals.
3. Parent donations.
4. Toy lending library at Childcare Resource Service
   Caution: must replace broken toys.
5. Homemade items—like crates stacked to be used as bookshelves or toy chests.

C. WHERE WILL THE CHILDREN EAT/NAP?

1. Two approaches in offering services:
   a. You are there to care for the child; the parent is responsible for making sure that you have the basic material needs for caring for their child (e.g., if infant, diapers, baby powder, diaper wipes, bibs, bottles, change of clothes).
   b. You are there to provide not only care for the child, but also to make things as easy as you can for the parent (if infant, provide diapers, diaper wipes, baby powder, bibs, bottles; ask only for change of clothing).
2. Eating arrangements (special diets?).
3. Napping arrangements (parental preferences if any).

D. WORK SAVING CONSIDERATIONS

1. Toys, clothes, books—easily accessible to children and at their "eye level".
2. Paper places/cups and plastic flatware/disposable chopsticks for eating.
3. Tupperware, inexpensive plastic cups/plates are also very handy (safe, too).
4. Disposable diapers and diaper wipes.
5. Weekly supply of clothes—or have one change of clothes at your home at all times.

THE RIGHT INGREDIENTS

Pacific Oaks College • Pasadena, CA • May 1974

Softness
- is rugs
  - pillows
  - couches and comfortable furniture
  - sand
  - dirt
  - grass
  - furry animals to hold
  - laps to sit on
  - hugs
    - homes abound in softness

Variety in People
- in social groupings
  - time to play alone
  - with a best friend
  - with a small group
  - maybe some occasions with eight or more children
    - (like parties, library storytime)
- in experiences with adults
  - some one to one time
  - adults of different ages
  - male-female
  - different ethnic and cultural backgrounds
  - different kinds of adult workers

Variety in Things
- in body movement
  - large muscle activities like
    - swinging
    - climbing
    - trike riding
    - jump rope
  - intermediate
    - dramatic play
    - blocks and all kinds of construction activities
  - small muscle
    - sitting still like
      - reading
      - pasting
      - coloring

- in types of activities
  - open-creative
    - these things have no wrong answers like
      - drawing
      - painting
      - clay
      - play dough
      - trike riding
      - sand pile
  - closed-skill building
    - these activities have a right way of doing them like
      - puzzles
      - writing letters of the alphabet
      - shooting a basket
      - jump rope
- in props
  - props make the play more complex and interesting like
    - hats
    - handbags
    - cookie cutters
    - paper towel rolls
    - plastic animals to add to block play
    - bubbles for a bath
    - different shaped things to blow bubbles from like
      - a slotted kitchen spoon
      - a plastic tomato basket

Safety

- is there a chance to practice risk and daring safely?
  - learning about your body in motion
    - swings
    - bikes
    - gates

Privacy

- private places you can build yourself
- hidy-y places you can go to

Clarity

- does each place have clear limits?
  - is there
    - a noisy place
    - a quiet place
    - places to be messy
    - places to be neat and careful
- does the physical arrangement help you to support your limits?

SAFETY-PROOFING THE HOME

SESSIONS-8, 9, 10 & 11

SAFETY-PROOFING

A. SAFETY FACTS

1. Accidents cause 400 children under the age of 4 to die EACH month (over 4000 annually). This figure is higher than the death rate from the 6 major childhood diseases combined!

2. The most common causes of home injuries are:
   a. Burns.
   b. Poisons.
   c. Head injuries (falls are the leading cause).
   d. Children naturally curious:
      1. Will explore all of their environment.
      2. Will use "hands on" learning.
      3. Must touch, taste and use all of their senses to gain understanding.
      4. Thy don't have maturity, knowledge, self-control to stop themselves from danger.
      5. Adults in charge MUST DO THIS!
   e. Drowning.
      1. Can happen in the toilet, tub, wading pool, bucket, or big pool (your own or neighbor's).
      2. Even with fences up, you MUST always be aware of where children are.
      3. Toddlers can fall into the toilet and not be able to pull themselves up. A good rule is never to leave the bathroom door open when you have little ones who are just starting to crawl. Remember, too, that pre-schoolers are notorious for going to the bathroom and then forgetting to close the door!

B. SAFETY-PROOFING

1. Cribs:
   a. Should be placed in the safest area/room in the home since this is where the newborn will be spending the greater portion of the day.
   b. Slats 2⅜" wide maximum, or use a bumper pad with 6 ties.
   c. Two finger width between mattress and sides.
   d. With mattress at lowest position, if ¼ of standing child's body is above the side, child is too big for crib.
   e. Check hinges, springs, nuts, bolts, screws, etc. since they loosen due to baby's movements.

2. Playpens:
   a. Slats 2⅜" maximum.
   b. Mesh—small weave so tiny buttons or fingers don't get caught.
   c. Keep hinges lock tightly and keep the sides up! Children can suffocate if they get caught on the under side.
   d. No toys inside for child to climb onto—could very well step up and fall out.
   e. No cords longer than 12" on toys, so they cannot encircle the neck.
   f. Be careful of hanging toys across the top once a child is able to sit up.

3. Walkers:
   a. Wide base—strong and stable.
   b. ALWAYS supervise, that is, DO NOT LEAVE THE CHILD ALONE!!
   c. Do not use as a playpen or a place to put child when you are busy.
   d. Block all stairways.
   e. Watch that child does not bump or pull down dangerous objects.
   f. Watch for tipovers.
   g. Older X frame models can collapse and pinch fingers

4. High chairs:
   a. ALWAYS use straps.
   b. Lock tray securely, but watch fingers when doing so.
   c. SUPERVISE—NEVER LEAVE CHILD ALONE!!!

5. Infant seat:
   a. Wide, sturdy base.
   b. Supporting devices shouldn't pop out.
   c. Rubber tips or non-skid tape on bottom.
   d. USE ALL STRAPS!!

   Note: With any equipment or toys, ALWAYS check for nonlead base paint, rough edges and tight nuts, bolts, etc.

6. Car safety:

   More children are retarded as a result of car accidents than are born retarded!

   "Car accidents are the #1 preventable cause of death of children...killing more children than even leukemia, meningitis, polio, heart disease, or muscular distrophy. Over 200 child passengers are killed every year in California. More than 20,000 are injured...many permanently crippled or disfigured. Tragically, up to 9 out of 10 of these deaths and most injuries can be prevented, just by buckling up." (Taken from "Will You Give the PERFECT GIFT" pamphlet.)

   "In seventeen years, I have never unbuckled a dead person." A quote from a L.A. police officer concerning auto accidents and seat belts.

   a. Car seats must meet safety standards.
   b. The new State law states that children under 4 years of age or 40 pounds MUST use car seats when riding in cars.
   c. Never strap 2 children or 1 child/1 adult together, especially one on top of the other!!
   d. Place child in back seat, better than in front.
   e. Never carry child on lap.
   f. Do not let children ride in back of station wagon or pick-up truck.
   g. Use car restraints at all times, for everyone in the car!!

7. How to prevent falls:
   a. Adequate light.
   b. Floors not slippery.
   c. Carpets anchored.
   d. No loose throw rugs/objects on floor.
   e. Chairs, which children can climb on, away from dangerous areas.
   f. Windows screened—do not permit children to play on window ledge.
   g. Fence stairs.
   h. Use straps/restraints whenever possible:
      1. DO NOT LEAVE AN INFANT ALONE (even for a moment)!!! DO NOT TURN YOUR BACK —it only takes a second to fall from a bed, changing table, high chair, counter, etc.
      2. If you have to move, take child with you or put in a safe place *first*.

8. Poisons:
   a. Lock up poisons/cleaning agents or put in very high cupboards that children cannot reach, EVEN with a chair.
      1. Never store poisons in food containers.
      2. Children will put anything in their mouths even if it smells or tastes bad.

3. If using poison/cleaners and you must leave the room. TAKE IT WITH YOU!! DO NOT SET IT DOWN!!
4. Poison Control stickers:

   San Diego Medical Center
   UCSD Medical Center
   225 Dickinson St., H-925
   San Diego, CA 92103-9981

b. Medications.
   1. Aspirin and cold medications are the leading cause of problems.
   2. Use safety caps at all times.
   3. Label bottles correctly.
   4. Do not use in front of children and never refer to medication as "candy" or say "how good it tastes." Be glad when children don't like to take their medicine.

c. Poisonous plants—check your yard for mushrooms, toadstools, oleander, etc. Refer to the list published by the Poison Control Center.

d. Food poisoning.
   1. Keep a clean and sanitary kitchen—not necessarily sterile.
   2. Universal sanitizer: 2 tbsp. chlorine bleach to 1 gal. water prevents cross contamination and sanitizes toys. Spray on and AIR DRY.

   Note: DO NOT MIX BLEACH WITH ANY OTHER HOUSEHOLD AGENTS SINCE CHEMICAL REACTIONS CAN BE LETHAL!! Also, get into the habit of reading the fine print on labels.

   3. Use good food handling practices.
      a. Clean hands, utensils.
      b. Cold storage—within 2 hours for perishable foods—watch for mayonnaise, eggs, etc.
      c. Don't use moldy, spoiled foods. When in doubt, THROW IT OUT!! Anyone who has ever had food poisoning would agree!
      d. Keep food covered.

      Note: If food has been left unrefrigerated for 2 hours, IT IS SPOILED!!

      e. If child gets poisoned, do not wait for symptoms but call:

         Poison Information Center 294-6000
         (Southeast Asian interpreters are available upon request)

      f. Just in case, keep Syrup of Ipecac on hand.
         1. Good idea to have several bottles since one small bottle is approximately one dose and you may need to treat several children.
         2. DO NOT USE WITHOUT DIRECTIONS FROM EITHER THE POISON INFORMATION CENTER OR A PEDIATRICIAN!!!!!!
         3. Check date for effectiveness.

9. Choking.
   a. 7 months to 2 years.
      1. Keep all small objects away.
      2. Safety pins are a real hazard.
      3. Legos, games pieces, tinker toys, match box cars, etc. are deadly for infants.
      4. Peanuts, popcorn, carrots, raisins, apples, bacon and the like are all difficult to chew. Teach children to chew carefully and completely.
      5. NEVER play or run with food in mouth; eating time is sitting down time.

b. 3 years to 7 years.
   1. Nuts, bolts and other hardware—it's amazing how many older children still put things in their mouths.
   2. Food—older children are good at grabbing something to eat and running on out to play. All of the above mentioned foods, to name but a few, are very easy to choke on.

10. Burns.
   a. Most occur in the kitchen so keep children out, especially when cooking.
   b. Guard fireplaces, heaters, ovens, irons, curling irons, etc.
   c. Turn handles of pots and pans and spoons to the back of the stove; use back burners whenever possible and place hot items toward the back of the stove.
   d. Keep electric cords to percolators and electric appliances way out of reach.
   e. Knobs for stove and oven out of reach—if you have a particularly stubborn child, you may have to take them off when not in use.
   f. Keep hot items away—DO NOT HOLD BABY and hot items at the same time!
   g. Turn water heater to 120 degrees (NOT TO HIGHER SETTINGS).
      1. It's amazing how fast a little one can climb into a tub and turn the hot water on.
      2. The lower the temperature of the water, the longer it takes for them to get scalded.
   h. Keep fire extinguisher in the kitchen—in a spot and at a level that you can reach with instinct.
   i. Smoke detector—check every month.
   j. A pre-planned course of action in the event of a fire; have drills with pre-schoolers and older children; make it into a game but emphasize the importance of these drills.

11. Kitchen hazards.
   a. Keep glasses, knives and other dangerous items away from the edge of counters and bread boards.
   b. Keep knives and sharp objects in back of drawers rather than in front.
   c. Do not use glass plates and glasses for children.
   d. Remember electrical cords!!
   e. Dishwasher—be careful with knives and glasses since they are easily accessible to children.

12. Toy and play equipment safety.
   a. Check regularly for condition of toys—no sharp edges exposed, broken pieces, splinters, loose pieces, etc.
   b. Rattles, pacifiers 2" x 1½".
      1. Make sure pacifiers have air holes in case they get lodged in mouth.
      2. Make sure the nipples are secure.
   c. All toys are not for all ages or all children—consider the children and their ages before you buy things.
   d. Outside play equipment.
      1. Avoid heavy swing seats—use flexible sling seats.
      2. Avoid 5"—10" rings or openings where the head can get caught.
      3. Avoid moving parts being too close; at least 6 ' apart.
      4. Avoid sharp edges, loose parts, splinters, nuts and bolts sticking out too far.
      5. Hinges and moving parts pinch, catch clothing, fingers and hair.
      6. Make sure they are well anchored and not placed directly over concrete.
      7. Teach children proper playground safety rules.
      8. Sand boxes.
         a. Not in plastic swimming pools! Must have earthen bottom so sand can "breath."
         b. COVER—sand is a breeding ground for infections: staph, impetigo, etc. Also, cats love to use sand boxes as litter boxes!!

9. Good safety rule.
   a. Never lift a child up to equipment.
   b. Only allow them to ride where they themselves can reach.

13. Electrical hazards.
   a. Use safety caps for outlets; some are available which cover the entire outlet.
   b. Arrange furniture to hide cords and outlets when you can.
   c. Cords—do not let them dangle or be where a baby can get them to pull on or chew on.
   d. Remember: Do not use electrical appliances near water.

14. Glass doors.
   a. Use tape or decals at children's eye level.
   b. Arrange furniture in front of door when you can.
   c. Use protective screens if you can.

15. Pools/water.
   a. 5' see-through fence with a self-latching gate.
   b. Small wading pools fenced or empty when not in use.
   c. NEVER leave a child alone in or near water—it only takes a few seconds for a child to fall in.
   d. Bathrooms present a real danger: children can drown in toilet or tub (important enough that it bears repeating).

16. Lethal weapons.
   a. Guns should be locked up and unloaded.
   b. Rifles—remove bolts.
   c. NEVER store guns/rifles and ammunition together.
   d. Knives/swords—locked up.

17. Refrigerators—door removed or locked shut (not just closed) when being stored.

18. Plastic bags (especially dry cleaning ones) can suffocate a child: if throwing away, tie in knots first, never use to cover mattress.

19. Lawn mowers—can pick objects up out of the grass and throw them a tremendous distance and at a considerable force; keep children away when a lawn mower is in use.

20. Fenced yards are recommended, not only for the children's safety but also for your "peace of mind."

C. AWARENESS

1. With your home safety-proofed, it is still necesary that children be well supervised at all times, especially if under 4 years of age. They cannot be left alone! It is good to remember that lots of children operate with the instinct that "where there is a will, there is a way!"

2. Set your home up so that you can see and hear what is going on; some homes are built perfectly for it, others make it very difficult.

3. It may be necessary to only allow children outside when you are in attendance; the personalities of the children and their maturity level will be an important determining factor.

4. Teach children safety rules.
   a. Tell them why they should practice good safety habits.
   b. Demonstrate with dolls or teach them through stories, card games with safety pictures, etc.

Emergencies

In an emergency, call your local physician, hospital or nearest poison control center.

Physician

_____

Hospital

_____

Poison Control Center (consult front of local phone directory)

_____

For further information on safeguarding your family, write to the U.S. Consumer Product Safety Commission (CPSC), Washington, D.C. 20207 or call:

TOLL-FREE HOTLINE
800-638-CPSC (2772)

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PROTECT YOUR CHILD

EACH YEAR, MORE CHILDREN DIE IN HOME ACCIDENTS THAN FROM ALL CHILDHOOD DISEASES COMBINED. WATCH YOUR CHILDREN AS THEY PLAY—NOTHING CAN SUBSTITUTE FOR CAREFUL SUPERVISION.

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Household Dangers

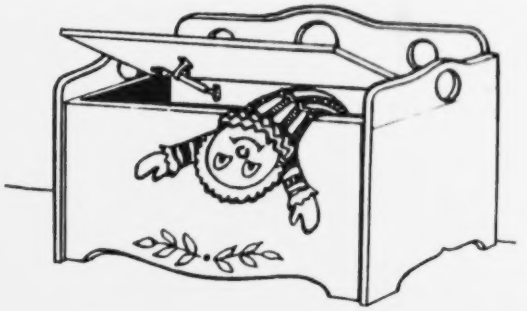
- Know where the "danger" items are — medicines, toxic bleaches, oven and drain cleaners, paint solvents, polishes, and waxes. Look for items packaged in CHILD-RESISTANT containers. Don't leave them under a sink or in plain view in a garage — lock them away in a secure place, out of your child's sight and reach.
- Keep all thin plastic wrapping materials, such as dry cleaning, produce, or trash bags away from children. NEVER USE THIN PLASTIC MATERIAL TO COVER MATTRESSES OR PILLOWS — the plastic film can cling to a child's face causing suffocation.
- Guard against electrical shocks. Cover unused outlets with safety caps. DISCONNECT electric rollers or hairdryers when not in use; some children have been electrocuted when hairdryers that were left plugged-in fell into bathroom sinks or tubs.

Nursery Equipment

- Many nursery products have a long life and may be stored in anticipation of future use. When choosing USED or NEW nursery equipment, check for sturdy construction and stability. Avoid exposed screws, bolts, or fasteners with sharp edges or points; avoid scissor-like mechanisms which could crush fingers; and avoid cutout designs that could entrap a child's head.
- Safety straps on high chairs and strollers are a must. Look for straps that are easy to fasten and unfasten so that you will be sure to use them properly each time.
- Mesh playpens and portable cribs SHOULD NEVER BE USED WITH A SIDE LEFT DOWN. They can pose a serious hazard to newborns and infants because the mesh forms a loose pocket into which an infant can roll and suffocate.
- Use baby walkers only on smooth surfaces. Edges of carpets, throw rugs, or raised thresholds can cause a walker to tip over. Remove throw rugs when a walker is in use, and block the tops of stairways. Children have fallen down stairs in walkers.
- If cribs or playpens are placed near a window, make sure there are no drapery or venetian blind cords hanging within your baby's reach. Don't hang objects with strings or elastics (toys or laundry bags, for example) around cribs or playpens where your child might become entangled and choke to death.
- When children begin to climb and explore, they can become caught in small or narrow openings. Some have been strangled when they caught their heads or necks in the open "V" shapes atop expandable wooden gates or enclosures, or in decorative cutouts in cribs.
- NEVER TIE PACIFIERS OR OTHER ITEMS AROUND YOUR BABY'S NECK. Cords and ribbons can become tightly twisted, or can catch on crib cornerposts or other protrusions, causing strangulation.

Toys, Toy Chests and Labeling

- Keep small objects out of your child's reach. Tiny toys, and toys with small, removable parts can be swallowed or become lodged in a child's windpipe, ears, or nose. Check to see that toys have not broken or come apart at the seams, exposing small pellets that might be swallowed or inhaled. Even such common items as coins, pins, buttons, or small batteries can choke a child.
- When choosing toys, look for labels that give age recommendations such as "Recommended for Children Three to Five Years Old." Some toys or games which are safe for older children may contain small parts which are hazardous in a younger child's hands.
- If a toy chest, trunk or other container for storing toys has a freefalling lid, REMOVE THE LID. A lid can drop on a child's head or neck, and some children have been killed or seriously injured. Look for a chest which has supports to hold the lid open in **any** position, or choose one with sliding panels or a lightweight, removable lid.



SITE VISIT CHECK-LIST

(To be completed on all site visits)

YES	NO	N/A	
			CII or Criminal record statement for every adult living in the home or present during the hours of child care.
			TB clearance for all adults living in the home or present during day care hours.
			Licensee present 80% of the time.
			Substitute caregiver must be an adult.
			Clean and orderly home.
			Adequate heating and ventilation. gas heaters vented—*NO* kerosene heaters.
			Telephone service.
			Safe toys, play equipment and material.
			Separation of ill children.
			Properly labeled, stored or refrigerated food.
			Home & yard free from defects or dangerous conditions, i.e. poisonous plants.
			Screened fireplace and open-faced heaters.
			Fire extinguisher or smoke detector.
			Pets: Necessary shots.
			Barricaded or fenced stairways for children under age 5.
			Poisons, detergents, cleaning compounds, medicines stored out of reach or locked.
			All swimming pools shall: 1. have at least a 5′ fence that does not obscure the pool from view, cannot be easily climbed by children and is self-latching at the top of the gate.
			2. *or* have covering that is strong enough to support the weight of an adult.
			Fish ponds, spas, other bodies of water made inaccessible by fencing or covering.
			Outdoor play areas fenced or outdoor play supervised by caretaker.
			Age-appropriate napping facilities.
			Firearms and other dangerous weapons locked up (Weapons Statement).
			Corporal punishment not allowed (Discipline Agreement).
			Childs Records: 1. Emergency information maintained for each child in care.
			2. Child abuse prevention pamphlet—receipt or notation in child's file.
			3. Child care insurance/bond, or parent signed affidavit.
			Disaster plan completed.
			Large license—Assistant caregiver: Name: _____ TB: _____ DOB: _____ FP: _____
			Fire safety clearance (check one): Large license: _____ Non-ambulatory: _____
			Other: _____ _____ _____

CASE NAME: _____

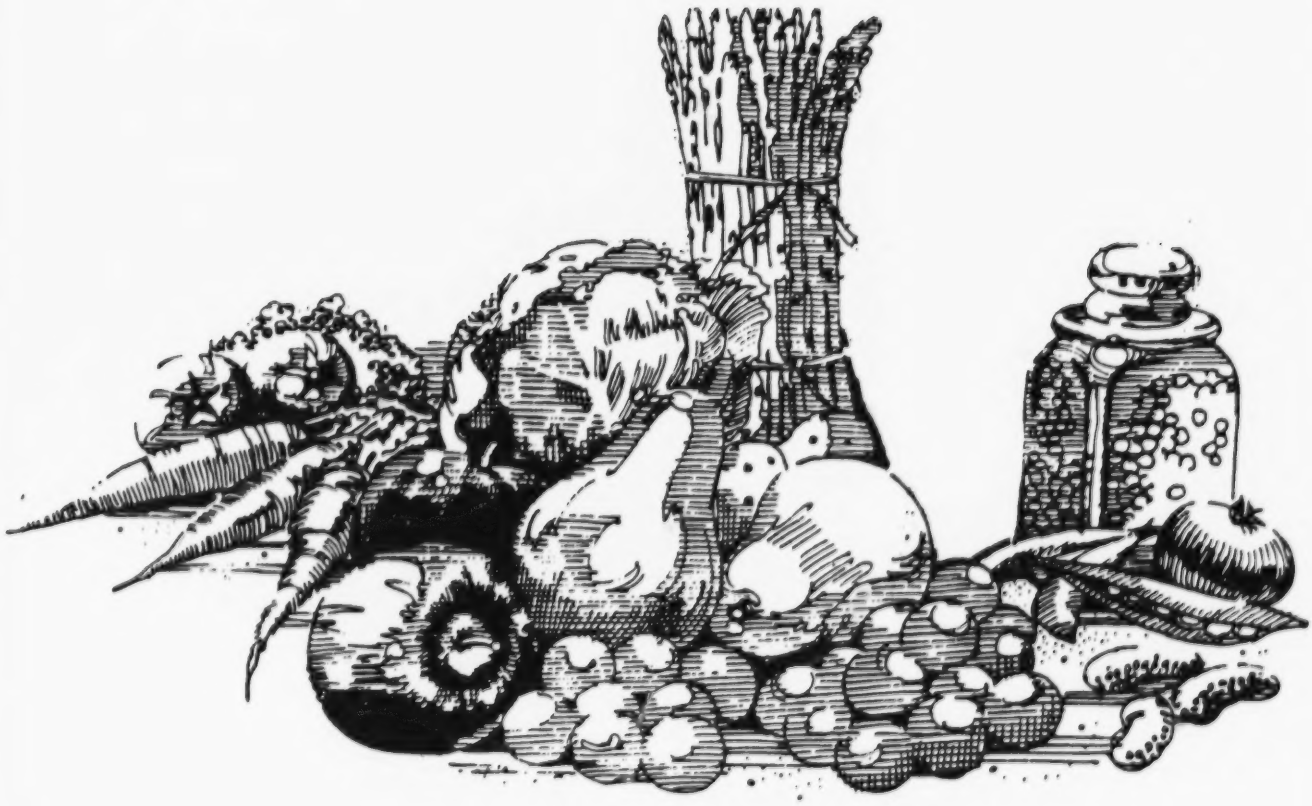
Worker #: _____

Visit Date: _____

10-69 DSS (3-85)

NUTRITION FOR DAY CARE CHILDREN

SESSION-12



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FACTS ABOUT NUTRITION

A. Establish good nutritious eating habits.

B. Variety is the key to establishing a balanced diet — to obtain variety, use the four basic food groups as a guide:
(Eat these foods)

1. Milk group.
2. Meat group.
3. Fruit/vegetable group.
4. Grain group.

C. Awareness of basic nutrients in foods is critical in making wise food choices. There are 50 known nutrients. The Basic Nutrients are:

1. Protein and complimentary proteins (use of non-meat, grains/dairy products helps to increase roughage and decrease fat, without losing protein value).
2. Fat — too much in diet is unwise.
3. Carbohydrate — low sugar, high fiber.
4. Water.
5. Minerals.
6. Vitamins.

D. Avoid or limit foods high in sugar, fat, salt and undesirable additives — IMPORTANT TO READ LABELS.

E. Things to be aware of:

1. A child will receive approximately 80% of his nutritional needs for a 24 hour period during the hours he is in your home.
2. A pleasant and comfortable atmosphere for meals is a real benefit.
3. Do not FORCE children to eat.
4. Being aware of the child's family's eating habits can help you deal with certain problems that may arise.
5. You must be aware of a child's food allergies (milk, cheese, peanut butter, etc.) since it could be very dangerous to a child's well being.

KEY NUTRIENTS

This chart summarizes the key nutrients, why each is needed and foods that are good sources of each nutrient. It will help you understand why you should eat a wide variety of food to be well-nourished and healthy.

NUTRIENT	WHY NEEDED	SOME IMPORTANT SOURCES
PROTEIN	1. Builds and maintains all tissues. 2. Forms an important part of enzymes, hormones, and body fluids 3. Supplies energy	Proteins of top quality for tissue building and repair are found in lean meat, poultry, fish, seafoods, eggs, milk and cheese. Next best for proteins are dry beans, peas, and nuts. Cereals, bread, vegetables, and fruits also provide some protein but of lower quality.
CALCIUM	1. Builds bones and teeth. 2. Helps blood to clot. 3. Helps nerves, muscles, and heart to function properly.	Milk—whole, skim, buttermilk—fresh, dried, canned; cheese; ice cream; leafy vegetables such as collards, dandelion, kale, mustard and turnip greens.
IRON	1. Combines with protein to make hemoglobin, the red substance of blood which carries oxygen from the lungs to muscles, brain, and other parts of the body. 2. Helps cells use oxygen.	Liver, kidney, heart, oysters, lean meat, egg yolk, dry beans, dark green leafy vegetables, dried fruit, whole grain and enriched breads and cereals, and molasses.
IODINE	1. Helps the thyroid gland to work properly.	Iodized salt. Saltwater fish and other sea food, seaweed.
VITAMIN A	1. Helps eyes adjust to dim light. 2. Helps keep skin smooth. 3. Helps keep lining of mouth, nose, throat, and digestive tract healthy and resistant to infection. 4. Promotes growth.	Liver; dark green and deep yellow vegetables such as broccoli, turnip and other leafy greens, carrots, pumpkin, sweet potatoes, winter squash; apricots, cantaloupe; butter, fortified margarine.
THIAMIN	1. Helps body cells obtain energy from food. 2. Helps keep nerves in healthy condition. 3. Promotes good appetite and digestion.	Lean pork, heart, kidney, liver, dry beans, and peas, whole grain and enriched cereals and breads, and some nuts.

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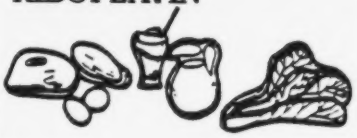
NUTRIENT	WHY NEEDED	SOME IMPORTANT SOURCES
VITAMIN C	1. Helps hold body cells together and strengthens walls of blood vessels. 2. Helps in healing wounds. 3. Helps teeth and bone formation.	Cantaloupe, grapefruit, oranges, strawberries, broccoli, brussels sprouts, raw cabbage, collards, green and sweet red peppers, mustard and turnip greens, potatoes cooked in jackets, and tomatoes.
RIBOFLAVIN 	1. Helps cells use oxygen to release energy from food. 2. Helps keep eyes healthy. 3. Helps keep skin around mouth and nose smooth.	Milk, liver, kidney, heart, lean meat, eggs, and dark leafy greens.
NIACIN	1. Helps the cells of the body use oxygen to produce energy. 2. Helps to maintain health of skin, tongue, digestive tract, and nervous system.	Liver, yeast, lean meat, poultry, fish, leafy greens, peanuts and peanut butter, beans and peas, and whole grain and enriched breads and cereals.
VITAMIN D	1. Helps body use calcium and phosphorous to build strong bones and teeth, important in growing children and during pregnancy and lactation.	Fish liver oils; foods fortified with vitamin D, such as milk. Direct sunlight produces vitamin D from cholesterol in the skin.
CARBOHYDRATES	1. Supply food energy. 2. Help body use fat efficiently. 3. Spare protein for purposes of body building and repair.	Starches: breads, cereals, corn, grits, potatoes, rice, spaghetti, macaroni and noodles. Sugars: honey, molasses, syrups, sugar, and other sweets.
FATS	1. Supply food energy in compact form (weight for weight supplies twice as much energy as carbohydrates). 2. Some supply essential fatty acids. 3. Help body use certain other nutrients.	Cooking fats and oils, butter, margarine, salad dressings, and oils.
WATER	1. Important part of all cells and fluids in body. 2. Carrier of nutrients to and waste from cells in the body. 3. Aids in digestion and absorption of food. 4. Helps to regulate body temperature.	Water, beverages, soup, fruits, and vegetables. Most foods contain some water.

The authors are Marjorie Michael, Home Economist, San Joaquin County, and Mary E. Hall, formerly Nutrition Specialist, Berkeley.

NUTRITION FOR CHILDREN IN DAY CARE

Providing nourishing food is an important part of the day care parent's job. A child who is fed when he is hungry feels well cared for and secure. A well-nourished child has a better chance to grow and develop properly. A well-balanced diet while in your day care is essential, because a child will get approximately 80% of his nutrition for the 24-hour period during those hours he is in your care.

Breakfast — Children who arrive at your home early in the morning often need breakfast or a breakfast supplementation.

Snacks — Since most children do not eat large quantities of food at one meal, snacks play an important part in a child's daily nutritional requirements, and are mini-meals, providing at least 25% of a child's daily food needs.

The noon meal is often the main meal of the day for some children and should include one of the protein foods (meat, poultry, fish, egg, cheese).

Milk and fruit or vegetable juices should be included at each meal, or with each snack. Most children need a minimum of eight glasses of liquid daily.

Mealtime should be a happy time

Eating is fun for the hungry child. A tired, excited child cannot enjoy food. Help him come to the table relaxed and clean. He needs:

- Attractive food, served in small portions (with the assurance he can have more)
- Some freedom to choose his own food, and to eat his own way (let him eat finger foods with his fingers)
- Relaxed atmosphere, interesting table conversation
- Acceptance of occasional table accidents as a normal part of growing up
- Allow ample time for the slow eaters. Urging speed will only spoil their pleasure in eating.

Soups, Casseroles and Sandwiches

A good diet is one that provides a variety of nutritious foods, snacks and beverages and avoids the more expensive "junk" foods. Don't get into the habit of serving sandwiches on a routine basis. You will be surprised to learn how many casserole dishes are more economical than sandwiches and are dearly enjoyed by the children! Soups alone also are not an adequate lunch because they generally are not a source of protein. The ideas for menus, snacks and beverages reprinted on the following pages were selected because they are nutritious and economical. We hope you will enjoy trying out some of the recipes that may be new to you.

SNACK TIME SUGGESTIONS

SNACKS are an important part of the child's diet.

PROTEIN is added in:

Hard cooked eggs.

Chunks of tuna, cheese.

Leftover roast.

Celery sticks, stuffed with peanut butter, tuna.

VITAMIN C: in strawberries, tomatoes, citrus fruits, melons.

VITAMIN A: in dark green or bright yellow fruits & vegetables.

Arrange carrot sticks,

green pepper rings,

chunks of lettuce,

raw cauliflowerettes,

celery sticks or cucumber slices,

on a plate served with a dip made from cottage cheese, mixed with onion salt, celery salt & chives.

Or try: cottage cheese mixed with crushed pineapple or tuna and mayonnaise.

VITAMIN B: whole wheat grain and breads, dairy products and nuts; milk shakes (try 6 oz. milk, ½ banana, whirled in blender).

TRY THESE SNACK COMBINATIONS

- Cheese fingers with apple juice.
- Banana milk shake with buttered toast squares.
- Peanut butter sandwich quarters, milk, fresh apple wedges.
- Fruit jello, milk.
- Bean dip, tortilla pieces, milk.
- Open face tuna sandwich quarters, fruit juice punch.
- Cold cereal with milk and raisins.
- Celery stuffed with peanut butter, and milk.
- Orange chiller, buttered rye bread squares.

SUGGESTED MAIN DISHES

Make a list of main dishes that are reasonable in cost, easy to make and favorites with the children. Share recipes!!

Meat

1.
2.
3.
4.
5.

Eggs

1.
2.
3.
4.
5.

Fish

1.
2.
3.
4.
5.
6.
7.

Rice/Beans and Other Legumes

1.
2.
3.
4.
5.
6.
7.

Poultry

1.
2.
3.
4.
5.
6.
7.

CHILDREN'S HEALTH AND ILLNESSES

SESSION-13

THE HEALTHY CHILD

Children who are healthy have characteristics that are readily recognized. Some characteristics of the healthy child are:

- Good body posture.
- Absence of aches and pains.
- Eyes that are bright.
- Hair that is shiny.
- Sound teeth and gums.
- Good appetite.
- Good digestion and elimination.
- Steady growth.
- Correct weight.
- Resistance to infection.
- Alert and interested.
- Well developed and firm muscles.

To be healthy, children must have adequate rest and exercise. In addition, children must eat the right kinds and the right amounts of food.

Two common diet-related health problems in children are tooth decay and obesity.

Tooth decay is one of the most widespread diseases in "modernized" nations. Cavities come from bacterial action on the tooth enamel. Acid is formed from the bacteria fermenting carbohydrates on the tooth surface. This acid then etches into the tooth.

Another common diet-related problem for children is obesity. Most children form their eating habits and develop food attitudes by imitating others around them. Children from families where one or both parents are overweight have a 40% chance (or more) of becoming overweight themselves. This results from a combination of factors—poor food choices, lack of exercise, and possibly, heredity. Obese children usually become obese teenagers and obese adults. They have greater chances of developing high blood pressure, diabetes and other long-term diseases.

SICK CARE

A. BASED ON NEED.

B. LEGALITY—By regulation the only restriction is:

"When a child shows signs of illness he/she shall be separated from other children. If it is a communicable disease, he or she shall remain in isolation until the infectious stage is over." Standards for Family Day Care Facilities, effective 11/27/78.

1. This can be done, although it may be somewhat impractical in a group situation (space and time/effort prime considerations).
2. Sick child is often unwilling to be "isolated" from the other children.

C. ISOLATION: Varying Degrees

1. Isolation means to be set apart from others—it does not NECESSARILY mean that a child HAS to be put in a back bedroom totally out of sight and hearing range from on-going activities.
2. This concept is open to a wide range of interpretation. Your interpretation will be determined by what you are isolating the children from. With each of these examples, MEDICAL ATTENTION should be a determining critera in providing care.
   a. No isolation needed: allergy reactions, i.e., asthma, hay fever, runny nose, hives and rashes.
   b. Some isolation or SEPARATION (that is, no hugs, kisses, sharing of toys, blankets, etc.): colds, coughs, ear infections, bronchitis, light cases of pneumonia.
   c. Isolation necessary (completely kept apart from other children): strep infections, impetigo, chicken pox (unless every child has it at the same time).
   d. Do not bring child into the home(!!): hepatitis, chicken pox (that no other child has been exposed to), lice, etc.

D. CONSIDERATIONS

1. Your main consideration MUST ALWAYS BE the general welfare of all the children in your care. Should you choose to care for "sick" children, can you still meet the needs of all, both physically and emotionally?
   a. Much time and work is involved in caring for a sick child.
   b. Lots of tender loving care—more than usual.
   c. Depending on the "illness" and your approach in handling care, other children may not receive your undivided attention for their physical and emotional needs, especially infants.
   d. If provider is unaccustomed or uncomfortable caring for sick children, she may experience some anxiety, which could be passed on to the other children.
2. Provider's level of comfort
   a. Experience with sick children.
   b. No experience.
   c. Your style is important.
3. Emotional problems
   a. Caring for a child experiencing emotional stress, going through a difficult developmental phase, or being overtired can be very similar to caring for a "sick" child.
   b. Sometimes provider must devote extra time to one child, giving less to others in the meantime, and the reason may very well be OTHER than illness.

E. CONCERNS

1. How does the child feel?
2. Will caring for sick child put the health of the others at risk?
   a. Most communicable diseases (viruses, bacteria, other culprit) have at least a 24 hour incubation period during which time symptoms are not necessarily present.
   b. Other children could be exposed before anyone realizes a child is sick.
   c. Whether or not other children become ill depends partly on their individual immunological system.
   d. In most family day care homes, there is much kissing, hugging.
   e. Also, studies indicate pre-school children put toys or hands in mouth on an average of once every *fifteen seconds.*
   f. There is much sharing of germs.
   g. Also, illness comes into a home not only from other children, but Mom and Dad bring it home to their own children from work!!

   Note: No one can determine if other children will in fact catch the disease or if they do, how seriously it may affect them. One child exposed to a cold may develop only a slight runny nose and no other symptoms while another child with equal exposure may develop bronchitis and later pneumonia.

   The more prolonged the contact with the contagious child, the greater the chances of spreading the disease. If the sick child is immediately removed from the day care setting and kept away until no longer contagious, there is a fairly good chance the disease will not spread. It is not, however, a guarantee.

   ALSO, a child could no longer be contagious but STILL be experiencing symptoms. NOW WHAT?! Will you be willing to provide "sick care" under these circumstances?

F. PRECAUTIONS MUST BE TAKEN—they are necessary but do not totally eliminate the spread of illness.

1. CLEANLINESS
   a. Children wash hands.
   b. Provider be SURE to wash hands after diapering, nose wiping AND BEFORE preparing meals.
2. Use individual eating, drinking utensils, pillows, sheets, blankets.
3. Fresh air, nutritious meals, enough rest for all.
4. Two major ways infections are spread (from the Medical Forum, May 1983—Day Care and Contagion, Dr. D. Goldmann):
   a. Upper respiratory/throat infections—transmitted by direct contact with saliva or close contact with person who is talking, sneezing or coughing.
   b. Gastrointestinal tract infections—transmitted when hands contaminated with feces are brought to the mouth of the next victim—all it takes is a very small, invisible amount of fecal contamination.

G. SYMPTOMS/CONDITIONS

1. Sneezing, coughing, runny nose:
   a. Symptoms of cold (viral or bacterial).
   b. Also, symptoms of allergies—25% of Americans suffer from allergies of some sort.
   c. Runny noses (drippy clear mucous) are also common in teething babies and children with milk allergies.

d. Mucous (dark yellow or green) could be an indication of a bacterial infection.

2. Fever:
   a. "Normal" temperatures can vary by several degrees in different individuals.
   b. Some children have a tendency to run high fevers even with minor illness.
   c. Teething babies often experience a slight rise in temperature.
   d. Stress, excitement, high activity level can raise temperature.
   e. A lower than normal temperature can be an indication of serious illness.
3. Vomiting:
   a. Many providers define child as ill when this symptom is present and refuse care.
   b. Vomiting, especially in an infant, can be due to inability to digest certain foods.
   c. Number of episodes can really vary.
4. Diarrhea:
   a. Can be "no bother at all" to "extremely severe."
   b. Can be caused by teething or body reacting to new food(s).
   c. Change in schedule can cause irregular bowel movements.
5. Constipation:
   a. Can make a child very uncomfortable.
   b. Could become very serious, in extreme cases.
   c. Not generally considered a reason for child not attending.
6. Lice, scabies, pinworm:
   a. Very easily spread from one child to another.
   b. Medication and/or special cleansing necessary.
   c. Expensive and can be difficult to eliminate in group situation.
7. Ring worm.
8. Hand, foot and mouth disease.
9. Impetigo.
10. Childhood diseases.

Note: PEDIATRICIANS/FAMILY PHYSICIANS ARE REALLY THE ONLY RESOURCES THAT PARENTS AND PROVIDERS SHOULD USE CONCERNING THE HEALTH OF CHILDREN!!!

H. MEDICATION

1. Providers must be willing to give children medication—a child's health is often dependent upon this.
2. BUT ONLY WITH PARENT PERMISSION AND PHYSICIAN'S INSTRUCTION are we allowed to administer medication.
3. Antibiotics MUST be given for 10 days—even after all signs of illness are gone.
4. American Association of Pediatricians DOES NOT RECOMMEND THE USE OF ASPIRIN to reduce fevers. It is better to use a non-aspirin product, due to the complications arising from Reyes syndrome, which often follows recovery from a MILD viral illness. Although the relationship between Reyes syndrome and aspirin is unknown, aspirin has been known to increase the liver and central nervous system dysfunctions.

5. Never give medication from a prescription for one child to another since dosage is determined by child's weight. Even if children are from the same family, written instructions from a parent in this instance would be advisable.

I. CRITERIA

1. A child's ability to functin in "group situations" can be used as a criteria in determining willingness to provide sick care, but does not cover the "contagious period." A child could be very contagious but still be able to participate.

2. If you use contagion as a basis for denying care, be sure to realize that illnesses and conditions can still spread to every child in your home, even when you have taken every precaution not to expose them. MAKE SURE THIS IS CLEAR TO PARENTS!!

   Remember: You MUST take every precaution to prevent the spread of disease so that the parent is spared the expense and inconvenience of doctor visits, medicines and loss of work, especially if you are not willing to care for sick children.

3. There is a wide range of behavior and needs between "a picture of health" and "terribly sick."

4. A key to helping you make a decision is to have a specific definition for the words "SICK" and "COMMUNICABLE DISEASE" and "CONTAGIOUS PERIOD." Remember that there are also many "COMMUNICABLE CONDITIONS" which can be awful to have in a home.

J. PROVIDER'S FAMILY

1. Provider's own children—who will care for them when they are sick? They will have to stay at home!

2. Provider's sick!

   a. Can you close your business every time you have a cold, sore throat, flu?

   b. Parents must rely on the provider being available to care for children.

   c. Provider probably will continue to care for children despite illness, unless incapacitated.

3. Is is feasible to close down EVERY time you or your children do not feel well? Parents DEPEND on your availability when placing their child in your home.

K. CONCLUSION

1. Provider's responsibility—if child becomes sick during the day, EVEN if you are willing to continue care, ALWAYS call parent and let parents decide if they wish to take the child home or call a doctor for an appointment

   Remember: There is a very wide range of behavior, needs and degrees of "illnesses" in children. When providing sick care a provider should never try to play DOCTOR or replace MOMMY—DO NOT let a parent put you in those predicaments.

2. Parent responsibility—

   PROVIDER HAS THE RIGHT AND RESPONSIBILITY TO DENY CHILD CARE IF PARENT NEGLECTS TO OBTAIN NEEDED MEDICAL ATTENTION FOR THE CHILD—FOR CONTINUING OR REPEATED ILLNESS AND FOR INNOCULATIONS!!!

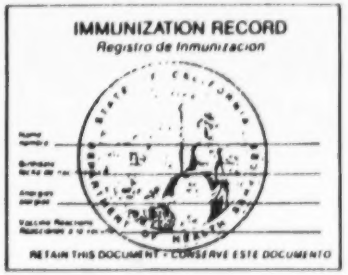
3. BE SURE THAT YOUR FEELINGS AND POLICIES ARE PERFECTLY CLEAR TO THE PARENT BEFORE YOU SIGN THE CONTRACT

   Answer these questions for parents:

   1. Will sick care be provided? 2. To what extent? 3. Under what conditions

REMEMBER !!

- The official California Immunization Record is available from your doctor or clinic. Ask for it and take it with you at each visit.



- California law requires your child to be immunized against polio, diphtheria, pertussis, tetanus, measles, mumps and rubella for enrollment for the first time in any public or private school. Exceptions are made on the basis of personal beliefs or medical reasons.

- The immunizations listed inside are available without charge at all health centers of County Public Health Services. The centers are listed in the telephone directory under San Diego County, Health Services Department. Call for immunization clinic dates and times.

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

Tom Hamilton	District 1
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COUNTY OF SAN DIEGO DEPARTMENT OF HEALTH SERVICES
1700 Pacific Hwy., San Diego, CA 92101

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COUNTY OF SAN DIEGO

ARE YOU AND YOUR CHILD COMPLETELY IMMUNIZED ?

	Your child will need these immunizations...					
	at 2 months	3 - 4 months	4 - 6 months	15 months	16-18 months	4 - 6 years
DPT	✓	✓	✓		✓	✓
Polio	✓	✓			✓	✓
MMR				✓		

FACTS ABOUT IMMUNIZATIONS

POLIO — Oral Vaccine

- DESCRIPTION OF DISEASE — Causes damage to the nervous system which may result in paralysis, crippling and sometimes death.
- IMMUNIZATION SCHEDULE — Given to children 2 months to 18 years of age. 1st two doses: 6-8 weeks apart. 3rd dose: 6-12 months after 2nd dose. 4th dose: on entry to school if 3rd was given prior to two years of age.
- COMMON IMMUNIZATION REACTIONS — Usually there is no reaction. There is an extremely small risk (about one in four million) of vaccine-associated paralysis for both persons vaccinated and their unvaccinated close personal contacts.

DIPTHERIA, PERTUSSIS (whooping cough) and **TETANUS-DPT** Combined Vaccine

- DESCRIPTION OF DISEASE — *Diptheria* — Affects the nose, throat and windpipe, and can interfere with breathing. May cause heart failure and paralysis. About 1 case in 10 is fatal. *Pertussis* — Causes violent coughing attacks which end in a whooping sound. Can interfere with breathing. Serious disease in young children. *Tetanus* — Causes painful contractions of muscles of jaws and neck. Often fatal.
- IMMUNIZATION SCHEDULE — Given to children 6 weeks through 6 years of age. 3 shots: 1-2 months apart. 4th shot: 6-12 months after 3rd shot. 5th shot: on entry to school if 4th was given before two years of age.
- COMMON IMMUNIZATION REACTIONS — Usually produces slight fever and irritability within 8 to 24 hours. The fever may last up to 24 hours. Some swelling and redness may occur around the injection site. This will last only a few days. About one out of every 7,000 will have a more serious side effect such as high fever, convulsion or abnormal crying for several hours.

TETANUS/DIPTHERIA

- DESCRIPTION OF DISEASE — Tetanus — see above. Diptheria — see above.
- IMMUNIZATION SCHEDULE — Given to persons 7 years of age and older. 2 shots: 1-2 months apart. 3rd shot: 6-12 months after 2nd. Booster every 10 years.
- COMMON IMMUNIZATION REACTIONS — Same as DPT.

RUBEOLA (10-day, hard or red measles)

- DESCRIPTION OF DISEASE — Causes red spots on the body, high temperature, a cough and red, watery eyes. A few victims may suffer from deafness, blindness or brain damage.
- IMMUNIZATION SCHEDULE — Given to children 15 months of age and older. 1 shot: no booster needed.
- COMMON IMMUNIZATION REACTIONS — May produce symptoms resembling a mild case of the measles. Within 5 to 12 days, fever, runny nose, red eyes, cough and mild rash may appear.

RUBELLA (3-day or German measles)

- DESCRIPTION OF DISEASE — Similar to, but milder than, the 10-day measles. Arthritis complicates some cases; encephalitis is a rare complication. May produce birth defects in an unborn child if the mother is infected during early pregnancy.
- IMMUNIZATION SCHEDULE — Given to children 12 months of age and older. 1 shot: no booster needed.
- COMMON IMMUNIZATION REACTIONS — May cause a rash or some swelling of the glands of the neck 1 to 2 weeks after the shot. May cause stiffness, minor joint pains or tingling of fingers or toes within 2 to 10 weeks.

MUMPS

- DESCRIPTION OF DISEASE — Causes swelling and tenderness of the salivary glands and fever. Hearing loss and damage to the central nervous system may occur. Inflammation of the testes occurs in up to 25% of males past puberty.
- IMMUNIZATION SCHEDULE — Given to children 12 months of age and older. 1 shot: no booster needed.
- COMMON IMMUNIZATION REACTIONS — Occasionally there is a mild swelling of the salivary glands.

RUBELLA/RUBEOLA Combined Vaccine

- DESCRIPTION OF DISEASE — Rubella — see above. Rubeola — see above.
- IMMUNIZATION SCHEDULE — Given to children 15 months of age and older. 1 shot: no booster needed.
- COMMON IMMUNIZATION REACTIONS — Same as those of the individual rubella and rubeola vaccines.

RUBELLA/RUBEOLA/MUMPS Combined Vaccine

- DESCRIPTION OF DISEASE — Rubella — see above. Rubeola — see above. Mumps — see above.
- IMMUNIZATION SCHEDULE — Given to children 15 months of age and older. 1 shot: no booster needed.
- COMMON IMMUNIZATION REACTIONS — Same as those of the individual rubella, rubeola and mumps vaccines.

CONTAGIOUS DISEASES

CHICKEN POX

- SYMPTOMS
  1. A rapidly developing skin rash is generally the 1st symptom. Usually follows a viral illness, like an upper respiratory infection.
  2. Fever, headache, loss of appetite and muscle pain.
  3. The severity of the rash parallels the severity of the other symptoms.
  4. The rash evolves from red flat lesions to a raised circular stage. The raised lesion becomes filled with a pus-like fluid. This fluid finally clears before the lesion crusts over. The rash will have lesions occurring in all stages, simultaneously.
  5. Usually there is no scarring but lesions that become secondarily infected (usually by scratching with dirty fingernails) may leave permanent scars.
- TREATMENT
  1. Rest, force fluids & relieve pain with Tylenol.
  2. Care of the skin is very important.
  3. Itching may be relieved with lotions such as Calamine or medications (Benadryl).
  4. Cool cornstarch baths will help relieve itching.
  5. Prevent secondary infection with frequent bathing with soap and water. Frequent linen and clothing changes. Keep fingernails short and clean. Mittens may help prevent scratching while child sleeps.
- SPECIAL INSTRUCTIONS
  1. Communicable period from 24 hrs. before rash appears until 7 days after rash has appeared. The dried crusts are not contagious.
  2. Incubation period usually from 10–21 days.
  3. The child should be kept at home until all the lesions have dried.
  4. There is not a vaccine available at present. Immunization occurs by actively having the disease.

RUBELLA (German Measles)—Prevent with Vaccine

- SYMPTOMS
  1. Tender swollen lymph glands with fever & cold-like symptoms
  2. Rose colored flat or slightly discrete circular rash. Appears first on face and neck rapidly progressing to trunk and limbs. Lasts 3–5 days with earliest lesions fading first so that by the 3rd day the face and neck may be clear.
- TREATMENT
  1. This disease is usually so mild that much treatment is not necessary.
  2. Tylenol for fever. Rest.
- SPECIAL INSTRUCTIONS
  1. Communicable period from one week before rash until 5 days after rash appeared.
  2. Incubation period from 14–21 days.
  3. Women in the first 3 months of pregnancy without immunity are at high risk if exposed to Rubella. Birth defects can be severe and infants born with Rubella infections may be infectious for up to 18 months or longer.

RUBEOLA (Measles)—Prevent with Vaccine

- SYMPTOMS
  1. High fever, cough.
  2. Red watery eyes which may be sensitive to light.
  3. Child is usually uncomfortable and looks miserable.
  4. Nausea, vomiting, generalized muscle pain and headache.

5. Reddish-brown or purple-red small circular rash appearing first on face, hairline, forehead, and neck; and progressing to trunk, extremities, and feet.
6. These symptoms increase in severity, peak on the 4th day along with the appearance of the rash.
7. Fever that persists may indicate complications.

TREATMENT

1. Treat fever with Tylenol. Encourage fluids if child can tolerate. Bed rest.
2. Bright lights should be avoided if eyes are sensitive. Warm water is used to cleanse eyes.
3. Handle respiratory discharge items such as kleenex with care through the third day of rash.
4. Prevent infected child from exposure to other infections.
5. Have family doctor check child for complications. These could include ear infections, secondary infections or pneumonia.

• SPECIAL INSTRUCTIONS

1. Communicable period from time of cold symptoms to 7 days after rash appears.
2. Incubation period is 9–14 days.

ROSEOLA

• SYMPTOMS

1. The symptoms are sudden & begin with a rapid increase in temperature. A high fever continues for 3–4 days and may result in convulsions (due to a fever).
2. Loss of appetite, irritability and a mild sore throat are common.
3. After 3 or 4 days of high fever the temperature falls, and a rash appears.
4. The rash consists of rose-pink lesions that begin on the chest and spread to face and limbs. Duration of rash may be several hours to 2 days.
5. There may be some swelling of lymph nodes in head and neck area.

• TREATMENT

1. Treat symptoms. Try Tylenol for fever although this may not reduce the fever. The child is usually alert although high fever persists.

• SPECIAL INSTRUCTIONS

1. Communicable period is unknown. Transmission of disease to other children or close contacts is rare. Roseola is rarely seen in children over 3 yrs. of age.
2. Incubation period is usually 10–15 days.

MUMPS—Prevent with Vaccine

• SYMPTOMS

1. Fever, chills, headache, and muscle pain.
2. Within 24–48 hrs. local pain around the ear and jaw develop.
3. Swelling of one or both parotid glands (behind the ear) which reach maximum size in 1–3 days.
4. Loss of appetite and pain with swallowing.
5. The swelling gradually subsides in 3–7 days.
6. Testicular swelling may occur as the only symptom in adolescent and adult males.

• TREATMENT

1. Pain may be relieved by aspirin or Tylenol and warm or cold compresses.
2. Rest.
3. Soft or bland diet. Avoid citrus fruits and juices.
4. Call your doctor.

• SPECIAL INSTRUCTIONS

1. Communicable period from 2–5 days before swelling, until swelling disappears.
2. Incubation period usually 16–18 days, however, may be up to 3½ weeks.
3. One attack usually results in lifelong immunity.
4. Complete atrophy of both testicles in adult & adolescent males is so rare that concern about sterility and sexual impotence has no basis.

SCARLET FEVER (Scarlatina)

- SYMPTOMS
  1. Fever, stomach ache and vomiting.
  2. Bright red rash that blanches with pressure. Texture is rough and like sandpaper. Usually appears within 12–48 hours of fever. Rash is most intense on neck, armpits, groin and behind knees. The face may be smooth red and pale around mouth. The tongue is red, swollen and may have a white coating which peels. This condition is the so called "strawberry tongue."
  3. The rash usually lasts 7 days.
- TREATMENT
  1. Bedrest is recommended during the fever period.
  2. Keep your sick child "isolated" from other children until 1 day after the start of antibiotics.
  3. Treat fever with Tylenol or aspirin. Antibiotics are used for bacteria that cause infection. Penicillin being the most common. Treatment on antibiotics must continue for a minimum of 10 days to kill bacteria.
  7. The child should be seen by the family physician again within 2–4 weeks to examine for complications. These may include ear infections, kidney problems or pneumonia.
- SPECIAL INSTRUCTIONS
  1. Period of communicability is variable but is greatest during the first signs of respiratory illness until a day or two after starting antibiotics.
  2. Incubation period is from 2–4 days with a range of 1–7 days. Anyone exposed to Scarlet Fever with a history of rheumatic fever should see a doctor.

PERTUSSIS (Whooping Cough)—Prevent with Vaccine

- SYMPTOMS
  1. The complete course of the disease lasts 6–8 weeks and includes 3 stages.

     1st Stage. Cold-like symptoms with cough becoming worse in second week

     2nd Stage. Bursts of short rapid coughs. The face may redden or become blue in color with coughing spells. Very persistent cough with characteristic whoop at end of coughing spell. Coughing may reduce vomiting. Coughing spells are very exhausting and produce anxiety in child. The coughing spells usually occur 4–5 times a day for 4–6 weeks.

     3rd Stage. The coughing, whooping and vomiting slowly diminish. The cough becomes less severe; however, usually persists for 2 or 3 weeks.
- TREATMENT
  1. The child should rest in bed.
  2. Activities that produce coughing spells should be avoided. These may include excitement, smoke, or a sudden change in temperature.
  3. Small frequent feedings are helpful. Refeeding the child after vomiting is recommended as the likelihood of another spell is decreased at that time.
  4. The child should be kept separated from the other family members for the duration of the communicable period. No child under 2 years of age should enter the home. Children under 4 years of age are the most susceptible to the disease. Whooping cough is most severe in children under 1 year and can be fatal.
- SPECIAL INSTRUCTIONS
  1. Communicable period from 7 days after exposure to 3–4 weeks after onset of coughing spells.
  2. Incubation period from 5–21 days but almost always 10 days.
  3. Whooping cough is very contagious and is usually spread through coughing and sneezing. Wash hands frequently and handle soiled kleenex carefully.

FEVER, THROAT INFECTION, EAR INFECTION, COMMON COLD

FEVER

- SYMPTOMS
  1. Temp. of 100° is not uncommon with the common cold.
  2. Temp of 103°–105° is not unusual in 2 or 3 yrs. olds & may indicate an ear, throat or viral infection.
  3. Children act irritable with a fever. If your child is sleepy, uninterested or hard to waken, notify your doctor.
  4. Eating poorly.
- TREATMENT
  1. Children's Tylenol helps to make a child more comfortable.
  2. Reduce the number of clothes he has on.
  3. Warm sponge baths—NO alcohol!
  4. Small amounts of fluids.
- SPECIAL INSTRUCTIONS
  1. Fever is the body's way of reacting to invading germs.
  2. The best way to take a temperature is rectally. Leave in for 3 minutes.
  3. If the fever lasts more than 24 hours, call your doctor. If a temperature is present in an infant less than 4 months of age, call your doctor.

THROAT INFECTION

- SYMPTOMS
  1. Pain in the throat.
  2. May have trouble swallowing
  3. Swollen glands beneath the corner of the jaw.
  4. Throat may be red & have white patches.
- TREATMENT
  1. See your doctor.
  2. Antibiotics
  3. Tylenol for fever or pain.
- SPECIAL INSTRUCTIONS
  1. A swab of the throat, and culture may be necessary.
  2. Be sure to give all of the antibiotic prescription even though your child may feel or act much better in 2 days.

EAR INFECTION

- SYMPTOMS
  1. Children may pull at their ears.
  2. They complain of pain in one or both ears.
  3. They will cry as pain gets worse.
- TREATMENT
  1. See your doctor.
  2. Antibiotics.
  3. Decongestants.
  4. Tylenol.
- SPECIAL INSTRUCTIONS
  1. A common place for infection in children.
  2. May occur as a complication to a cold.
  3. Be sure to give all of the antibiotic prescription even though your child may feel and act much better in 1 or 2 days.

COMMON COLD

- SYMPTOMS
  1. Runny nose.
  2. Sneezing.
  3. Stuffy nose.
  4. Cough.
  5. Fever ranging from 100–103.°
  6. Sometimes children will vomit.
  7. Less active but children control their own activity level.
  8. "Crusty" noses.
  9. Sometimes loss of appetite.
- TREATMENT
  1. Tylenol helps to make a child more comfortable.
  2. Decongestant medicine for stuffiness.
  3. Cough medicine.
  4. Crusted noses may need cream applied.
  5. Cold water vaporizer.
  6. Encourage fluids—water, juice, soup, etc.
  7. Rest as much as possible.
- SPECIAL INSTRUCTIONS
  1. Colds are infectious diseases caused by many different viruses.
     They are caught from other people & not from wet shoes, drafts, etc.
  2. People who have picked up a cold are contagious for the 1st day or so.

PINWORMS, SCABIES, IMPETIGO, LICE

PINWORMS

- SYMPTOMS
  1. Grinding of teeth at night.
  2. Enuresis (bedwetting).
  3. Perianal itching.
  4. Examine your child's rectum with a flashlight after he has been asleep for a few hours and look for the pinworms.
- TREATMENT
  1. Call your doctor.
  2. Medications as prescribed by your doctor.
  3. Cut fingernails short.
  4. Have child take showers instead of a bath.
  5. Launder clothing, bedding daily.
- SPECIAL INSTRUCTIONS
  1. No isolation is necessary.
  2. Examination of other household members is important.
  3. 5–15% of general population may have pinworms.
  4. Is *not* a "social" disease.
  5. Diagnosed by application of transparent tape to the perianal skin to pick up eggs & then look at under a microscope.

SCABIES

- SYMPTOMS
  1. Itching, raised circular rash over the wrists, elbows, belt line, thighs and genitalia.
  2. In infants the rash may occur on the head, neck palms and soles.
  3. Itching more intense at night.
  4. Clear, blister type rash between fingers & toes.
- TREATMENT
  1. Call your doctor.
  2. Crotamiton applied to the entire body.
  3. Repeat treatment in 24 hours.
- SPECIAL INSTRUCTIONS
  1. Caused by a mite.
  2. People from all socioeconomic groups are affected.
  3. Identification is to scrape some skin & see the mites under a microscope.
  4. Avoid skin to skin contact with affected individuals.

IMPETIGO

- SYMPTOMS
  1. Rash is clear with blisters which become pustular and crusty.
  2. Do not appear in crops.
  3. Common around the nose and mouth.
- TREATMENT
  1. Call your doctor.
  2. Sometimes only Bacitracin ointment or warm soaks is all that is necessary.
  3. Usually necessary to give Penicillin to fully clear rash.
  4. Cut fingernails short.
- SPECIAL INSTRUCTIONS
  1. May be caused by staphylococci often gotten from a dirty scratch.
  2. Can be spread to other children.
  3. Careful handwashing.

LICE

- SYMPTOMS
  1. Itching in the scalp, neck and ears.
  2. May have a fever.
  3. Bites or elevated white ridges around the neck.
  4. Can see the lice in hair or clothing.
  5. An elevated rash in the area of the skin where clothing fits tight.
- TREATMENT
  1. Call your doctor.
  2. Use Kwell shampoo for 5–10 min. Repeat in 1 week.
  3. Apply Kwell lotion to entire body.
  4. Wash clothing & bedding in hot soapy water. May use Kwell—repeat in 1 wk.
  5. Keep children home until after 1st treatment.
- SPECIAL INSTRUCTIONS
  1. Lice reside in clothing and are rarely found in skin.
  2. Diagnosis is made by finding the lice.
  3. May be necessary to treat all household members.

VOMITING AND DIARRHEA

VOMITING

- SYMPTOMS
  1. Persistent throw-ups after eating.
  2. Signs of water loss in children (dehydration):
     a) Eyes look dry & sunken.
     b) Mouth is dry inside.
     c) Skin becomes papery & dry.
     d) They urinate less often & in small amounts.
     e) They cry without tears.
     f) More sleepy and less active.
- TREATMENT
  1. Offer small amounts of clear fluids frequently.
  2. Stop all solids & concentrate on liquids.
  3. *Cold* liquids are better than warm liquids for upset stomachs.
  4. Use ice cubes, popsicles, cola or 7-Up which is cold and "flat." Offer in small amounts.
  5. Jello water & Jello are good liquids to use.
  6. Avoid the use of milk for it easily upsets a child's stomach.
- SPECIAL INSTRUCTIONS
  1. Call your doctor for persistent vomiting so dehydration can be prevented.
  2. Call your doctor for any bloody vomitus or swelling or hardness in the child's stomach area.

DIARRHEA

- SYMPTOMS
  1. Frequent, watery, explosive stools.
  2. Signs of water loss or dehydration—Same as for vomiting.
  3. Presence of blood or mucous in the stools.
- TREATMENT
  1. Offer clear fluids in small amounts frequently.
  2. Avoid milk & fruit juices as this will make diarrhea worse.
  3. For young children (2 yrs. or less) notify your doctor.
- SPECIAL INSTRUCTIONS
  1. Fluids taken by mouth may pass through the intestines unchanged—so red jello may look like blood.
  2. Avoid red liquids so as not to confuse the picture.
  3. There are really no medications which help to treat diarrhea. The only medications are those which must be ordered by your doctor.

ESTABLISHING FINANCIAL POLICIES

SESSION-14

FINANCIAL POLICIES

A. RATES/SERVICES

1. Rates are determined largely by the area where you live.
2. Services are influenced by your own set of standards.

B. YOUR PERSONAL WORTH/NEEDS

1. See yourself as a professional/self-employed individual rather than just a babysitter.
2. Your financial situation:
   a. Single parent.
   b. Spouse working.

C. SERVICES YOU PROVIDE AND THEIR EXPENSE

1. Meals/snacks
   a. Parent brings sack lunch and snacks.
   b. Provider supplies meals and snacks (usually, breakfasts are not provided except by special arrangement).
2. Field Trips/transportation
   a. Include in overall rate—do not charge separately.
   b. Could be considered a taxi service—bad for insurance purposes.
3. Activities

D. YOUR OWN FINANCIAL RESPONSIBILITY

1. Income tax and social security.
2. Insurance: accident, liability, homeowners, medical, life, automobile, and disability.
3. Retirement programs: IRA, Keogh.
4. Rent/mortgage—utilities.

E. HOURS OF ATTENDANCE DETERMINE RATE AND HOW TO BE PAID

1. Full-time placements:
   a. 6–7 to 10 hours per day is considered full-time.
   b. Paid weekly (in advance).
   c. Paid monthly—be sure to count the exact number of working days or weeks per month.
2. Part-time placements:
   a. Schedule is usually the same every week.
   b. May be paid hourly, daily, or weekly.
   c. Hourly and daily require more record-keeping.
3. Drop-in basis:
   a. Usually only a few hours here and there.
   b. Must be paid hourly or daily.

Remember: Part-time or drop-in care causes more record-keeping. As a result, your rate can often be higher than for regular, full-time placements. You may also ask for a minimum part-time/drop-in rate.

F. PAYMENT IN ADVANCE is the best way to avoid NOT being paid by a parent.

G. GUARANTEED WAGE is the concept of you being paid regardless of a child's absence in order to maintain his slot in your home

H. PAID VACATIONS OR SICK TIME

1. Parents' vacation and sick time can easily be incorporated into the guaranteed wage.
2. Provider's perspective is more complicated.
   a. When provider is not available, parent has to pay someone to care for child.
   b. If provider is to receive pay, parent is paying twice for the same amount of time (depends on the parents).
   c. If parents have relatives living close by who enjoy caring for the children, you have a good chance of receiving paid vacation/sick time.
   d. A more difficult arrangement is for provider and all parents to take the same weeks during the year for vacation; this is very difficult to coordinate.

I. AGES OF CHILDREN

J. EXTRA FEES

1. Overtime.
2. Meals not agreed upon in contract (like breakfasts).
3. Checks returned for non-sufficient funds (hereafter "nsf").
4. Extra services offered: swimming lessons, gymnastics, park/recreation activities.

K. PRICE BREAKS

1. More than one child in family—YOUR COSTS REMAIN THE SAME!!
2. Families in financial crisis.

   Don't hesitate to help when you can, BUT YOU MUST MAKE IT CLEAR TO PARENTS THAT YOU WILL DO IT *ONLY FOR A LIMITED TIME.*

L. FLEXIBILITY IN RATES

1. You may adjust your rates for either lower or higher income families.
2. This is your business so you have a right to charge as you see fit!
3. DO NOT OVERLOAD!!—it is more reasonable to raise your rates than to work with more children than you can comfortably work with; you MUST ALWAYS be aware of your licensing limits.

CONTRACTS

A. BEFORE WRITING YOUR CONTRACT YOU WILL NEED TO DEFINE FOR YOURSELF

1. What role you intend to maintain as the DAY CARE PROVIDER.
2. What do you perceive the parent's role to be?

B. WHY HAVE A CONTRACT?

1. It is critical to your working relationship.
2. If you make all of your expectations clear to the parent in the contract, you will eliminate A LOT of misunderstandings.
3. If it is in writing and the parents have a copy, they cannot claim ignorance as an excuse for not complying with your policies.
4. If a problem arises, a contract with a parent's signature on it is recognized in Small Claims Court.

C. WHAT TO INCLUDE

1. All areas of your day care business that you feel are important.
2. Anything that you expect from a parent MUST be written specifically into the contract.
3. Most contracts do include:
   a. An explanation of the days and hours of operation.
   b. Financial policies: including holidays, overtime, guaranteed wage, vacations, payment in advance, penalty for late payment, NSF checks, etc.
   c. Discussion of meals served.
   d. What to bring, what not to bring.
   e. Health problems, sick care policies.
   f. Transportation agreement.
4. These may be brief or detailed, depending upon how important they are to you.
5. If you feel very strongly about any area, mention it specifically and include it in your contract!!!

D. HAVE PERIODIC REVIEW OF YOUR CONTRACT

1. Review at least once a year—conditions change, then so must your contract—explain this to the parent at the time of the INTERVIEW.
2. Two weeks written notice before you make any changes is a common courtesy to parents.

SUGGESTED DAY CARE HEALTH HISTORY FOR INFANTS AND TODDLERS

(TO BE COMPLETED BY PARENT BEFORE ADMISSION) *INFANTS ONLY

CHILD'NAME _____ BIRTHDATE _____ TODAY'S DATE _____

A. HEALTH

1. Does this child seem well most of the time? Yes ____ No ____
2. Is child taking any medicines now (including aspirin, laxatives, vitamins, etc.)? Yes ____ No ____
   If yes, what? _____
   Why? _____
3. In a year, has this child had as may as 3 ear infections? Yes ____ No ____
4. Are you concerned about your child's hearing? Yes ____ No ____
5. In a year, does this child usually have more than 3 colds or sore throat infections with a fever?
   Yes ____ No ____
6. Are you concerned about your child's eyes or vision? Yes ____ No ____
7. Has this child ever been seen by a medical specialist? Yes ____ No ____
   If yes, who? _____ Why? _____
8. What arrangements have you made for the care of your child should he/she become ill at center?
   _____
9. Does you child have any handicaps? Yes ____ No ____
   If yes, describe _____
10. Other illnesses or diseases? Yes ____ No ____
    If yes, what? _____
11. Has this child been hospitalized? Yes ____ No ____
    If yes, for what? _____
12. Has this child had any serious accidents or poisonings? Yes ____ No ____
    If yes, what? _____
    _____
13. Does this child chew unusual things such as pencils, chalk, cribs, window ledges, paint chips, plaster or hair?
    Yes ____ No ____
14. Has your child had any of the following? Please circle.

Premature Birth	Trouble Breathing at Birth
Birth Injury or Defect	Head Injury
Convulsions, Seizures	

Allergies (eczema, hives, drug, food intolerance, hay fever, wheezing, asthma, insect stings) describe _____

B. DEVELOPMENTAL HISTORY

How do you comfort your child? _____

What are child's favorite toys? _____

What are child's favorite activities? _____

What language is spoken in your home? _____

C. SLEEPING

Do you have any special ways of helping your child go to sleep? _____

_____

*Does your baby cry when going to sleep? Yes ____ No ____

What is your child's present sleeping schedule?

Night time: From _____ To _____

AM Nap: From _____ To _____

PM Nap: From _____ To _____

*Does your baby prefer to sleep on his/her stomach? ____ Side? ____ Back? ____

*Does your baby need pacifier? Yes ____ No ____

Does your child need blanket? Yes ____ No ____

Does your child need toy? Yes ____ No ____

D. FEEDING

*Is the baby breast fed? Yes ____ No ____

*Bottle Fed? Yes ____ No ____

*Type Bottle: _____

*Type Nipple: _____

*Type Formula: _____

*Does the baby need to be burped? Yes ____ No ____

What is your child's present eating schedule? (Specify Amount)

	Juices	Food	Milk/Formula
Breakfast	_____	_____	_____
Lunch	_____	_____	_____
Snack	_____	_____	_____

Has your child had any feeding problems? Yes ____ No ____

If yes, what are they? _____

E. TOILETING

How frequently does your child have a bowel movement (B.M.)? _____

Appearance of B.M.? _____

Is your child toilet trained? Yes ____ No ____

What word does your child use for urination? _____

Bowel Movement? _____

Does he/she use a potty chair? Yes ____ No ____

Does your child frequently have diaper rash? Yes ____ No ____

How is it treated? _____

_____

FINDING CHILDREN FOR DAY CARE

SESSION-15

FINDING CHILDREN

A. Referrals are the best way

1. Friends.
2. Schools/churches in your area.
3. Preschools/day care centers.
4. Doctor/dental offices.
5. Other providers—you may obtain their names from the list of licensed providers in your zip code area from the licensing agency:

    a. 495-5421 San Diego
    b. 433-5151 Oceanside
    c. 741-4273 Escondido

6. Childcare Resource Service (CRS):

    a. 275-4800 San Diego
    b. 743-7919 Inland
    c. 753-3755 Coastal

7. San Diego County Family Day Care Association (SDCFDCA)—for members of the association only, with recognition for providers who have attended the training class.
8. Parents you have previously and currently are working with.

B. Advertising—DO NOT LIST OR REFER TO YOURSELF AS A "CENTER" OR "SCHOOL." You operate a FAMILY DAY CARE HOME and there is a big difference!

1. Newspapers, local or county
    a. Do not give your address.
    b. Do not quote rates..
    c. You might want to say "call for an appointment."
    d. List hours, if you only want calling at certain times.
2. Bulletin boards
3. Flyers
    a. Attach to front doors—NOT IN mailboxes!
    b. Put on car windshields, especially those with car seats.
4. Signs (make sure not to violate local ordinances)
5. Real estate offices
6. Local organizations
7. Business cards:
    a. Walter Drake
    4113 Drake Bldg.
    Colorado Springs, CO 80940 200 for $2.98
    b. High school graphic art classes.

ACCEPTING/DENYING PLACEMENTS

A. If you feel intuitively good about a family, do not hesitate to accept that day.

B. If you feel uncomfortable about a child, or you feel you cannot meet a parent's expectation, do not accept that placement.

C. It is not necessary to accept immediately.

D. Tactful refusals

1. Over the phone within a 48 hour period:
   a. "The position has been filled..."
   b. "I do not feel my environment is to the best interest of your child..."
   c. "I do not feel we have matching attitudes or that we could work well together..."
   d. Refer parent on to referral services or other providers, if appropriate.

E. Never accept a child without proper paperwork.

1. This is very important!!
2. It's best to fill out the paperwork in your home; do not send it with the parent to have it filled out (chances are it will not be returned immediately which could lead to many problems).
3. Form from the licensing agency may be used or you can create your own or use our examples:
   a. EMERGENCY MEDICAL RELEASE FORMS
      1) It's the *parent's responsibility* to check with nearby hospital(s) to be sure they accept this form.
      2) Suggest that parents keep a copy at home and in their cars.
      3) Update once a YEAR!!
   b. IDENTIFICATION AND EMERGENCY INFORMATION—update once a YEAR!!!
   c. CONTRACT
      1) If you use payment in advance, you could have parent pay when signing the contract.
      2) Make *2* copies, one for the parent and one for you. THIS IS A MUST!!!
      3) Have both parents sign when possible.
      4) Have them sign saying—on both copies—very helpful in small claims court:

         "I, _____, have received a copy of this contract, consisting of _____ pages, on this day of _____."

         Signed. _____

      5) If child is not starting immediately, you can ask for one week payment in advance, to hold a space. Note: This initial payment can be non-refundable. It insures that you will hold a space for a child and refuse other possible placements. BE SURE THE PARENT IS AWARE OF THIS BEFORE SIGNING THE CONTRACT!! Write it on the contract!
   d. PARENT'S RIGHTS
   e. LIABILITY INSURANCE
   f. CHILD SEXUAL ABUSE

F. Stagger the placement of beginning children whenever possible since most children require an adjustment period which is draining on *you!* If not, be sure to get lots of rest the night before and gear up for quite a day!!

INTERVIEWING

A. TELEPHONE SCREENING

1. Ask for the child's age and days/hours of care needed.
   a. You may not be able to consider certain ages, days, or hours.
   b. Take the parent's name and phone number (both work and home).
      1) You may have an opening later, or
      2) You may need to change an interview appointment.
2. Try not to quote rates over the phone.
3. Ask pertinent questions concerning the parents' expectations/desires. Briefly explain your philosophy (it is VERY HELPFUL to have a list of your own questions/comments by the phone).
4. VERY BRIEFLY mention issues which you feel very strongly about and which you cannot compromise on
   a. Potty training, discipline, weaning, finances, etc.
   b. You are screening out parents whose ideas are in DIRECT CONFLICT with yours.
5. If a parent calls while children are in your care, do not ignore the children to talk to a parent; ask to call back at a more convenient time.
6. Make an appointment for a home interview. Remember: The home interview is critical; do not accept placements based solely upon a telephone screening.
7. A phone coversation does not automatically insure placement:
   a. When asked if you have openings say, "Yes, I am in the PROCESS of interviewing/accepting applications."
   b. This shows you have a professional attitude, and it also does NOT imply that the interview guarantees a placement. It lets the parent know you are considering others.

B. HOME INTERVIEW

1. Some considerations which reflect your confidence:
   a. You need to feel good about yourself and what you are doing.
   b. Be HONEST and avoid misrepresentation.
2. Suggested natural sequence:
   a. First show your yard and play equipment and the PORTION of your home that the children will be using for activities.
   b. Then sit down and get on with the actual interview.
   c. If you are not comfortable with this sequence, try another one better suited to your own style.
3. Showing your home environment:
   a. Play areas, napping/eating areas.
   b. As you go through, tell the parent about your day with the children, covering scheduling/program/routines.
   c. Your equipment in direct correlation to the ages of children in your care.
   d. Child-proofing and safety precautions, again in relation to children's ages.
   e. Discuss your plan of action for emergencies:

      Emergency Number (911)
      Poison Control (264-9000)
      Child's Pediatrician, if applicable

   f. Show the parent how you are able to observe and supervise children while working on your daily routine: changing diapers, fixing snack/lunch, doing dishes, etc.
4. Let the parent know your qualifications—some providers have a binder with this information in it:
   a. Display your license/certificates/degrees.
   b. Tell of classes, workshops, other qualifying experiences (including motherhood).
   c. Stress your strong points, all of the things that you feel make you a good provider.

5. Discuss your policies, especially what you will expect of child/parent, what they can expect from you, and how you will be handling these area:
   a. Basic financial agreements (written contract).
   b. Nutrition.
   c. Potty training.
   d. Discipline.
   e. Housekeeping, cleaning up.
   f. Self-help/independence.
   g. Communication.
   h. Problem-solving, support from parent.
   i. Group activities.
   j. Illnesses.
6. Evaluate the parent:
   a. Very important to select parent/child that you feel comfortable with.
   b. Not just a matter of the parent making a decision—YOU have as much right and responsibility to be just as selective.
   c. Ask questions and BE SPECIFIC:
      1) Ask what the parent feels strongly about.
      2) What are they looking for in a child care situation?
      3) What does the parent want or expect?
   d. Is there a good match of attitudes?
   e. What are the expectations?
      1) Can you provide what a parent is looking for?
      2) Remember, you are only one person and it is impossible to be a direct extension of 3 or 4 different parents' wishes:
         a) YOU set the routine in your home: DON'T set routines to match the children's homes.
         b) If you suspect that a parent wants to dictate a specific routine to you, let that parent know your schedule meets the needs of the children WHILE THEY ARE IN YOUR HOME. You are not there to duplicate each child's schedule from their own homes!!
      3) Will parent be able to meet *your* expectations?
7. YOUR COMMITMENT should be to the children and yourself and to have as nice a day as possible. If the parent demands something very unreasonable that would interfere with that goal, LET THE PARENT KNOW!! You are under no obligation to meet unreasonable demands.

C. If you get this far, go right into your financial policies and the mutual contract. Remember to be specific and to discuss each entry point by point. Be sure the parent understands everything and agrees to them.

EFFECTIVE COMMUNICATION OF EXPECTATIONS

SESSION-16

EXPECTATIONS

A. HOW A CHILD FEELS ABOUT SELF (self-esteem, self-concept, self-worth)
   1. How a child perceives himself is greatly affected by others.
   2. Pre-schoolers, especially, are influenced by parents and other adult caretakers.
   3. Our expectations and our responses to a child's behavior are important determining factors in the development of the child's personality.

B. WHAT DO WE EXPECT FROM A CHILD?—IMPORTANT to have REALISTIC expectations
   1. Demand too much?—child may become frustrated, give in to defeat, become nervous, fearful of attempting new skills, overly dependent on others.
   2. Demand too little?—teaches child he cannot do for himself, he becomes overly dependent, can develop very little self-worth.
   3. How to know what to expect?
      a. Be aware of DEVELOPMENTAL age and abilities of children, individually/in general.
      b. All personality types, temperaments, ability levels in day care home.

C. WHAT TO DO?
   1. Respect the child.
   2. Some children are born with more aggressive personalities—given encouragement AND freedom to remain that way, they will be eager to accept new challenges.
   3. Others are less aggressive, more cautious by nature or environment, must be prodded into doing for self.
   4. Some may not want to do for themselves, understand them, and then *set the scene* for accomplishing simple tasks.
   5. Let child do as much as possible for himself.
   6. Ability to perform varies with each child according to how he feels physically, emotionally, etc.
   7. Children need to learn to communicate their wants:
      a. "Uh" or pointing should be replaced by words; non-speaking child needs examples of words to use until he can express himself.
      b. EVEN WITH BABIES, do NOT use baby talk!! Use normal words and tones of voice; do not abbreviate to baby's level.
      c. Encourage a child to "use your words"; do not let him whine, cry, scream, point to get what he wants, especially when he has some vocabulary.
   8. When a child gets hurts, be aware that many hurts that would have been shrugged off by a child can result in tears IF the adult expect the child to cry:
      a. Do not deny hurt, stand back and watch what the child does BEFORE you react.
      b. Remain CALM and discuss "matter of factly" what the child or adult can do to mend the hurt or prevent future hurts.
   9. Be patient.
   10. Be tolerant of child as he is.
   11. Provide a loving, encouraging atmosphere.

D. POTTY TRAINING is one area of expectation where many adults lose control; they make demands and apply pressure when a child is not always ready to handle the situation.

1. When to begin?
   a. At birth—by talking to baby as the diaper is changed.
   b. Older babies—let them touch the wet diaper; let see how the toilet works, how others use toilet or potty chair; do not be embarrassed by it, but rather discuss all aspects.
2. When is a child ready to use the toilet?
   a. Most children begin readiness between 2-3 years, but 2 is NOT magic age to potty train.
   b. Milan sheath (nerve endings for bowel and bladder control) must be completely developed before a child can consciously control muscles that release as well as retain urine and bowel movements.
   c. Indications:
      1) Dry for long periods of time.
      2) Shows discomfort when wet or dirty.
      3) Asks to use toilet.
   d. Child must be motivated to please you.
   e. Child beginning to learn to cooperate in all areas of life.
   f. Child should be taught control in other areas of life as well.
   g. If you try too soon, you may be setting the child up for failure.
3. How to toilet train:
   a. Do not be overly concerned with toilet training.
   b. Begin by "time training":
      1) Certain times of day children use the toilet—may or may not have success at first.
      2) No need to go every hour, if the child has consistent habits, try to go at those times.
      3) If all children use toilet at certain times, coincide first attempts by a beginner; before going outside, after lunch, etc.
      4) Children serve as a tremendous support group for the child who is just learning.
   c. Remember, a trained adult is NOT the same thing as a trained child; a child may use the toilet willingly whenever an adult asks or takes him, but still may not remember to go to the toilet on his own even when his body tells him it is time.
   d. If the child is afraid, resists, cries—BACK OFF FOR A WHILE!
   e. DO NOT make toilet training a battleground.
   f. DO NOT punish, condemn, criticize for accidents or failure to use toilet; it may create physical and mental problems.
   g. Oftentimes children just do not want to take time out to go to the bathroom.
   h. Some older children may decide to stop using the toilet as a means of testing an adult; calmly have the child assume responsibility for cleaning up after himself (in the bathtub to eliminate mess); this will usually solve the problem in short time.
   i. Some children are afraid of the toilet (the flushing action especially) and may need a potty chair.
   j. Some children need to learn how to relax before elimination is possible.
   k. Some children may require motivation.
   l. Do not expect immediate success.
   m. If a child is experiencing many accidents, give support and comfort rather than disapproval.
   n. If a parent expects a child to be trained by a certain age and that age really differs from your belief, it is best not to accept the child.

EFFECTIVE COMMUNICATION SKILLS

A. SET ASIDE TIME FOR REGULAR COMMUNICATION WITH PARENTS

1. On a daily basis for casual communication.
2. On a weekly or monthly basis for formal communication:
   a. Designate an area (bulletin board or chalk board) to post announcements.
   b. Beware—since some parents may neglect to read the announcements: important ones should be verbally emphasized, too.
3. Make phone calls, as necessary, when privacy is required.
   a. May be necessary when discussion of a problem about a child exists, or
   b. May be necessary when a parent regularly picks up a child late in the day, leaving little time for communication.

B. COMMUNICATE *SIMPLY* AND *CLEARLY* WITH THE CHILDREN IN YOUR CARE

1. Think positively when asking for a child's cooperation and give the child ample time to respond since his/her tempo is much slower than ours (studies have shown it is three to four times slower than ours!!).
2. When talking to child, stoop down or sit on a low chair to bring your face level with the child's.
3. Do not ask confusing double questions: "Do you want me to help you or can you manage by yourself?" Instead, ask one question, then the other if necessary.
4. In cases where *no choice* is involved, show this by your tone of voice (positive, but firm): "You may come in and go to the toilet now."
5. In cases where *a choice* is involved, show this by your tone of voice: "Would you like to help set tables today?" Or, in matters of routine, give choice of method: "Time for rest. Can you go to bed by yourself?" (long pause) "Or, shall I help you?"
6. Never interrupt a child's play unnecessarily (it's not play to them!). If it is necessary to give a direction, have an inward conviction yourself that the child will obey, give him/her time to prepare and take obedience for granted.
7. Put emphasis on the task to be accomplished, NOT on the child doing it: "Water turns on *gently*" or "Door closes *quietly*."
8. In instances where discipline is necessary, be sure that the child understands clearly the reason for it. Be consistent in your requirements and appreciative of efforts in the right direction.
9. Listen to children. You will learn many valuable things!

MEMOS FROM YOUR CHILD

Author Unknown, reprinted courtesy of Carole Williams, Wilson Junior High

Don't spoil me. I know quite well that I ought not to have all that I ask for. I'm only testing you.

Don't be afraid to be firm with me. I prefer it—it makes me feel secure.

Don't let me form bad habits. I have to rely on you to detect them in the early stages.

Don't make me feel smaller than I am. It only makes me behave stupidly "big."

Don't correct me in front of people if you can help it. I'll take much more notice if you talk quietly with me in private.

Don't make me feel my mistakes are sins. It upsets my sense of values.

Don't protect me from consequences. I need to learn the painful way sometimes.

Don't be too upset when I say, "I hate you." It isn't you I hate but your power to thwart me.

Don't take too much notice of my small ailments. Sometimes they get me the attention I need.

Don't nag. If you do, I shall have to protect myself by appearing deaf.

Don't forget that I cannot explain myself as I should like. This is why I'm not very accurate.

Don't make rash promises. Remember that I feel badly let down when promises are broken.

Don't tax my honesty too much. I am easily frightened into telling lies.

Don't be inconsistent. That confuses me and makes me lose faith in you.

Don't tell me my fears are silly. They are terribly real and you can do much to reassure me, if you try to understand.

Don't put me off when I ask questions. If you do, you will find that I stop asking and seek my information elsewhere.

Don't ever suggest that you are perfect or infallible. It gives me too great a shock when I discover that you are neither.

Don't ever think it is beneath your dignity to apologize to me. An honest apology makes me feel surprisingly warm toward you.

Don't forget how quickly I am growing up. It must be very difficult for you to keep pace with me but please do try.

Don't forget I love experimenting. I could not get on without it so please put up with it.

Don't forget that I can't thrive without lots of understanding love but I don't need to tell you, do I?

PROBLEM RESOLUTION EXERCISE

Instructions: Take a few minutes to review the following potential problem situations and discuss tactful and effective methods of resolution.

1. Bonnie's mother tells you that Bonnie, who is two years old, is completely toilet trained and no longer needs diapers. However, Bonnie has accidents almost daily. Sometimes you buy diapers for her yourself. Bonnie's mother insists that the diapers are unnecessary. What do you say?

2. When Todd, a six-month-old baby, cries, you go right over to see what he needs. As a result, the baby's mother says he is getting more spoiled and expects the same treatment at home. How might you and the mother settle this difference?

3. Carla is brought to your home very late each morning and seems very sleepy all day. You are aware that at home she is allowed to stay up late. Lately she has been unresponsive and withdrawn in her interaction with the other children. How will you approach her parents?

4. Alex, who is eight years old and comes daily to your home after school, complains that he cannot understand your English and will not follow any instructions you give him in Vietnamese/Lao. He thinks it is funny to mimick the way you pronounce English words. What would you do?

CHILDREN'S BEHAVIOR

SESSION-17

BEHAVIOR PROBLEMS/HOW TO SOLVE THEM

A. SETTING THE SCENE FOR POSITIVE BEHAVIOR.

1. Maintain a climate of respect, acceptance, understanding.
2. Avoid being too permissive or too authoritative.
   a. TOO PERMISSIVE—not in child's best interest; children need rules, need security of knowing there are limits.
   b. TOO AUTHORITATIVE—child not given chance to learn for self.
   c. MUTUAL COOPERATION—adult and child working together for benefit of everyone—be flexible so child can experience a sense of self—adult still in control, but as a FRIEND and TEACHER.
3. Reward positive behavior.
4. Objective should be to teach, guide, help child live effectively in world.
5. Serve as a role model.
   a. YOU are courteous—say please, thank you, excuse me.
   b. YOU are willing to listen as well as speak.
   c. YOU share.
   d. YOU offer assistance.
   e. YOU are willing to admit and apologize for mistakes.
   f. YOU speak positively—"walk please," "inside voices please."
   g. YOU touch gently.
6. Provide adequate supervision.
7. Develop patience, ability to remain calm even in very upsetting circumstances.
8. Child-proof home.

B. REASONS FOR UNACCEPTABLE BEHAVIOR.

Always ask yourself WHY & Take time to analyze the situation and understand what is happening before approaching child.

1. Normal and necessary developmental stage.
2. Immaturity—child lacks understanding of his actions and their result.
3. Inability to communicate feelings.
4. Rules and expectations unreasonable for age level of child.
5. Child misunderstands your rules, intentions.
6. Confusion resulting from different approaches in day care home and child's home.
7. Stressful situation with other children.
8. Child upset by changes in home life.
9. Attention seeking.
10. Overtired.
11. Illness.
12. Boredom.
13. Frightened.
14. Anger.
15. Discomfort due to weather.
16. Sometimes, it feels good to be NAUGHTY!!

C. SOLVING PROBLEMS BEFORE THEY BECOME MAJOR.

1. Seek alternate solutions for settling disputes; find alternate types of behavior.
2. Feedback.
3. Encourage awareness of others' feelings.

4. Time outs.
5. Ignore unacceptable behavior.

D. TECHNIQUES TO EFFECTIVELY CONTROL INAPPROPRIATE BEHAVIOR.
1. When other methods become necessary.
   a. Harm to other children—not just push and shove, which can be corrected by previously mentioned methods—but deliberate, determined harm.
   b. Destruction of property.
   c. Bringing possible harm to self.
   d. Disobeying rules of home.
2. Alternate types of discipline.
   a. Logical consequences.
   b. Take away things child likes.
   c. One minute scold—on your lap—from Foster Parents Training
      1) Let child see your anger and let him see what you are angry about (30 seconds).
      2) Then let him know how much you like/love him—how much you enjoy him when he behaves (30 seconds).
   d. Isolation.
   e. Restrain child.
3. SELF-ESTEEM—CRITICAL, no matter which approach you use, to preserve a child's self-esteem—talk about action, not child—"I will not allow you to bite" rather than, "You are a brat for biting!" "I will not let you hit others" rather than "You bully! Can't you leave others alone?"
4. When there is a problem that requires discussion with parent.
   a. Advice/support to parent based on EXPERIENCE, not from position of an expert—be supportive—but do not carry their problems.
   b. Discuss immediately—you decide how long you are able to tolerate behavior—be specific in your observations and feelings—do not assume parent understands.
   c. Avoid letting problem become serious—the sooner you handle it, the better.
   d. Do not shock the parent with problem which has become unbearable.
   e. Accept responsibility for your influence, but realize if problem develops at home, your influence is limited—despite length of time child is in your home, parent's influence is still stronger.
   f. Avoid blaming or accusing.
   g. Decide how to change the behavior.
   h. Work together with parent.

E. HELPING A NEW CHILD ADJUST TO HOME.
1. Separation trauma—normal reaction for all children.
   a. Always forewarn and explain.
   b. Have child visit day care home at least once before beginning regular schedule.
2. Recognize the right of the child to feel this way.
3. Give assurance that parent will return.
4. Adult often responsible for child's feelings.
5. Make good-byes simple, brief—do not let parent sneak away.
6. Allow child to bring something from home.
7. Avoid making other changes in child's development until child is completely adjusted.
8. Child may seem well adjusted immediately in day care provider's home but be acting out anxiety at home.

F. ARRIVALS AND DEPARTURES.

1. Arrivals.
   a. YOU set the limits for behavior.
      1) Tearful limits can become a habit.•
      2) Child may misbehave to gain parent's attention.
      3) Encourage friendly, pleasant interchanges between parent and child.
2. Departure.
   a. Parents' arrival often acts as a release mechanism for naughty behavior.
   b. Testing to see who is in authority.
   c. Child seeking attention.

G. PROBLEMS WITH YOUR OWN CHILD.

1. May resent sharing home, toys, etc. BUT most of all YOU.
2. Often find adjusting difficult.
3. Experience feelings of jealousy.
4. Feelings of displacement.
5. Uncertain about their role.
6. May have difficulty accepting that this is a REAL job for you.
7. Express anger, confusion by tantrums, bad behavior; by being unkind to other children, unkind to you; by challenging your authority, testing, etc.
8. Your reactions to your own children's misbehavior often more emotional than with day care children.

CHILD ABUSE

A. NEGLECT AND ABUSE.

1. Neglect—physical or emotional.
   a. Leaving young child home alone—there is no law concerning a cut-off age for leaving children home alone, but children under the age of 6 years are "in danger": CALL THE POLICE!
   b. Not feeding or keeping children clean is neglect.
   c. Not caring for the sick child or seeing that he receives medical attention is medical neglect.
   d. Children with alcoholic parents are neglected.
2. Abuse—physical or emotional.
3. Sexual abuse—physical or emotional.
   a. Molestation, intercourse, incest, fondling, lewd acts in child's presence.
   b. It is on the increase—children DO NOT LIE about these things, listen AND believe them!

B. HISTORY OF CHILD ABUSE.

1. Laws require persons working with children (day care, teachers, doctors, etc.) to report SUSPECTED cases of abuse within 36 hours.
2. Attitudes are changing—enlightened public reporting more cases.
   a. Was once accepted that parents' had right to inflict harsh punishment to make children behave—unfortunately, in some cultures/segments of society this is still true.
   b. Less covering up for parents' sake—more realization that child's safety must come first.

C. MANY PEOPLE STILL CHOOSE TO IGNORE THE ISSUE OF CHILD ABUSE.

1. Too painful to face.
2. Embarrassed by thought of causing trouble for parent—many times parent is reacting to stress, reports of abuse open the door for helping agencies to offer much needed support to the entire family.
3. Fear of repercussions.
   a. People are not liable for either civil damages or criminal prosecution as a result of making a report, unless it is proven that they made a false report with malice.
   b. All records concerning reports of suspected abuse/neglect are CONFIDENTIAL—unless you are covered by the Child Abuse Reporting Law, you may give your report anonymously.
4. Fear that parent may become angrier and hurt child more.
5. Not wanting to get INVOLVED.

D. INCREASE OF CHILD ABUSE.

1. More single parents.
2. Isolation and less family support as families move away from each other.
3. Neighborhood support systems weaken as more wives work outside the home.

E. HOW TO IDENTIFY.

1. Physical signs—injuries may not be directly caused by adult, but indirectly due to neglect.
   a. Bruises—chest, eye; large bruises under forearm, back, thigh; genital area—NOTE—infants of Spanish and Asian descent often have purplish markings at base of spine that disappear as child gets older, they do not turn yellow and fade away like bruises do—they just shrink till they disappear.
   b. Object imprint.
   c. Human bite marks.
   d. Burns—hot water or object.
   e. Fractures—spiral from twisting.
   f. Rope marks—sometimes used to toilet train.
   g. Diaper rash left unattended.
   h. Problems walking or sitting—sexual abuse.

2. BEHAVIORAL SIGNS—may not be abuse causing some of these behaviors, but any of these indicate a problem of some type and should be checked out.
   a. Stomach aches, headaches, bowel problems, etc.
   b. Child acting out aggressively or withdrawn.
   c. Poor peer relationships.
   d. Not making eye contact.
   e. Overly compliant behavior.
   f. Sudden regressive behavior, infantile behavior.
   g. Depression.
   h. Habit disorders—rocking, sucking, etc.
   i. Sleeping disorders—phobias, nightmares, afraid to go to sleep due to sexual abuse.
   j. Failure to thrive.
   k. Lack of appetite.
   l. Constant hunger—stealing food.
   m. Listless, always tired.
   n. Poor hygiene.
   o. Bizarre, unusual knowledge of sex.
   p. Dolls or play acting out abuse.
   q. Overparenting from child.
   r. Stuttering.
   s. Excessive clothing to hide marks.
   t. Parent overconcerned or underconcerned about injuries or other problems of child.

3. Be aware that even very young child will "cover" for parents.
   a. To protect parent.
   b. Out of fear.
   c. Feelings of guilt for being bad.
   d. If it is the first time, child may state what happened.

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F. REPORTING

1. Where
   a. Child Protective Service (560-2191 or dial "O" ask for Zenith 7 2191 (toll free).
   b. Licensing evaluator.

2. What
   a. Required by law to report all suspected cases of child abuse within 36 hours—even if there is no real evidence—even if you only feel vaguely uneasy or not sure if what you have observed constitutes child abuse—REPORT IT!!!—investigators are trained to determine if intervention is necessary.
   b. Report abandoned children—after checking out all possibilities and calling other persons on identification forms, wait until you feel a reasonable amount of time has passed then call police.

G. COMPLAINTS ABOUT PROVIDERS.

1. Parents have right and responsibility to make complaints about providers—if parent complains about another provider try to talk them into calling licensing agency—or YOU MAY call.

2. Providers have an accountability to parents, children and other providers—it is critical for all care givers to provide the standard of care defined by regulations.

3. As child care providers we must ALWAYS protect ourselves from situations which can lead to abuse/neglect of the children that we care for.
   a. Overloading—DO NOT care for more children than YOU can comfortably work with OR than you are licensed for.
   b. Stress—if you are under extreme stress, you could easily lose your self control when dealing with behavior problems—PROTECT YOURSELF FROM THIS!!
   c. Burn out—protect yourself from getting into a situation where you can no longer "deal" with children—take time off—do relaxing things for yourself—do things away from the children.

4. Be aware of physically handling children in ways which can be very harmful.
   a. NEVER, NEVER SHAKE THEM—this CAN cause brain damage or even death.
   b. NEVER GRAB A CHILD BY THE ARM—arms can easily be dislocated.
   c. If you ever see a parent doing these things to their child TELL THEM HOW DANGEROUS IT IS!!!

5. Very important to communicate with licensing worker concerning any conflict developing with parent—worker will make note of your call and then make a judgement, if necessary—PROTECT YOURSELF.

H. THEN WHAT HAPPENS?

1. Child Protective Services investigates home—intent is not punitive BUT to help child and family.

2. If child is in immediate danger—removed from home—Hillcrest Receiving Home, then foster home or relative until family judged safe.

3. Parent may be required to attend counseling, parent classes before child returned.
   a. Most parents do not want to hurt child, cannot help themselves, do not know what else to do.
   b. Many abusers were themselves abused as children and have no other guidelines to follow when disciplining child.
   c. Many are emotionally upset—have problems—cannot accept immaturity of child.
   d. Expect child to take care of parent's emotional needs and lash out in anger and frustration when child cannot do this and in fact, make demands upon the parent themselves.
   e. Many parents have inadequate self-esteem, vulnerable to anything that may lower their self-esteem such as child's misbehaving.
   f. High demands on child to perform to gratify parents.
   g. Severe physical punishment to ensure proper behavior.
   h. Parents commonly view children as much older—as possessing more intellectual and physical ability than chronologically or developmentally able.

4. Social worker and volunteer adult assigned to parent to be "friend."

5. How long child out of home varies—goal is to keep families together whenever possible.

6. When child returned, still not necessarily best environment, but SAFE.
   a. Often seems futile to report when child is returned to poor environment—and this usually is what happens, unless parent is ruled psychotic (10%) or otherwise incapable of caring for child.
   b. Each time report is made a file is built—eventually enough material collected so that if abuse continues, child can be removed permanently.
   c. Parents need help—cannot receive it if behavior goes unreported.

7. Respite care—provided in cases of potential abuse or neglect—stressful situations including potential illness, death in family, divorce, overburdened parent, etc.

EMERGENCY SITUATIONS

SESSION-18

EMERGENCY SITUATIONS

I. ADVANCE PLANNING

Know the medical facilities in your neighborhood. What hospital and/or doctor's offices are close by (less than five minutes away)? Visit the emergency room at the nearest hospital and familiarize yourself with check-in procedures. Ask an English-speaking neighbor (or several, if you can) to help you when emergency situations arise. Have some type of transportation arrangement (taxi, if necessary) worked out, also.

Anticipate what you must do in the event of an emergency and discuss with parents how they would like these types of situations to be handled. Obtain the name, phone number and address of the child's doctor. Inquire about allergic reactions to medicine—like penicillin—and note that on the Identification and Emergency Information form *and* on the Authorization for Emergency Medical Care form. Cover it in your contract with parents to protect yourself and the children in your care.

II. COMMUNICATION SKILLS

Staying calm in emergency situations is critical. Have emergency numbers posted in a conspicuous spot and seek appropriate medical attention immediately. Try to identify the problem to the best of your ability. Parents should also be contacted as soon as possible. It is important to have a substitute, who is at least 18 years of age, assist you with the other children in your care.

If no one who speak English is around to assist you, you will have to seek help yourself. Keep these English phrases handy and practice using them! Remember to speak slowly and clearly.

The *911* number is to be dialed in emergency situations only. An operator will put you in touch with Fire and Rescue, the Police or Sheriff, the Highway Patrol, and the Ambulance/Paramedics.

Example: "I would like to report a *fire/seizure/drowning, etc.* I live at *5400 Earthquake Road, Apt. 4, San Diego,* near *54th Street and University Avenue* (major cross streets). I speak no English."

In the event of a poisoning, contact the *Poison Center at 294-6000.* Keep Syrup of Ipecac on hand, but do not give it to the affected children unless directed to do so by a doctor. The Poison Center has Vietnamese and Lao-speaking translators available, but you must ask the receptionist for that type of assistance.

Example: "I would like to report a poisoning. I speak no English. I need a Vietnamese/Laotian translator. The infant/child drank *rat poison, chlorox bleach, insecticide, etc.*"

Take the container with the suspected poison with you to the doctor's office or hospital.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

_____

Minor

The undersigned has entrusted the above-named minor for care with _____.

I hereby authorize such adult person to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

A photocopy of this Authorization for Care shall be as valid as the original.

DATED: _____ _____

_____

(relationship)

IDENTIFICATION AND EMERGENCY INFORMATION

To Be Completed by Parent or Guardian

State of California
HEALTH AND WELFARE AGENCY

CHILD'S NAME	LAST	MIDDLE	FIRST			TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
FATHER'S NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
MOTHER'S NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )		BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN TO BE CALLED IN EMERGENCY

NAME

TELEPHONE

ADDRESS

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR GUARDIAN

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION

DATE LEFT

LIC 700 (11/82) (Confidential)

(11/85)

FIRST AID GUIDELINES

Note: We are extremely hesitant to give you any first aid information. Therefore, what follows should only serve as a guide.

A. FIRST AID

1. BE PREPARED
   a. Have on hand, a first aid kit.
   b. Medical release and emergency numbers handy, especially when your substitute is in charge!
   c. First aid class is an asset!!—CPR for you AND your aide.
   d. In the event of an accident,
      1) Call the parent immediately or if it is a life threatening problem, call the paramedics (911). *DO NOT MAKE DECISIONS CONCERNING TREATMENT ON YOUR OWN!*
      2) Be sure to document everything!! Write every detail that you can remember and keep this with your records. Doing this is very important especially for insurance purposes!!!

2. BEE STINGS
   a. Remove the stinger—use a sweeping motion rather than pulling it out to avoid release of more venom.
   b. Apply a baking soda paste.
   c. Apply ice or a cold compress for swelling.
   d. CONTACT parent immediately to check about sensitivity to stings.
   e. Reactions to watch for:
      1) Swelling around the mouth.
      2) Shortness of breath or any difficulty in breathing.
      3) If these conditions are present, immediate medical attention is critical!!

3. MINOR BURNS
   a. Immerse in cold water—NO BUTTER, GREASE OR OIL OR ICE!!!
   b. For sunburn protection, use a sun screen or sun block.
      1) It doesn't take long for a child to get a bad sunburn.
      2) Check with parent concerning possible allergy to ingredients; if never used before, GO SLOWLY!!

4. FALLS
   a. Symptoms of concussion may appear hours or even days later.
      1) Watch carefully for: drowsiness, dizziness, headaches, irritability.
      2) Serious symptoms: vomiting (more than twice), dilated eyes, light sensitivity, abnormal movements or seizures, unconsciousness.
   b. If any of the above symptoms occur, CALL THE PARENT IMMEDIATELY since the child most probably will have to be seen by a doctor.
   c. Be sure to let the parent know about the fall when he/she picks the child up (even if no symptoms occurred). If bumps or bruises appear, YOU MUST DOCUMENT THEM AND LET THE PARENT KNOW what happened before they leave for home. In some cases it would be a good idea to call the parent at work just to let them know what happened. You will have to use your own judgment in this regard.

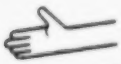
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

American Association of Poison Control Centers

Emergency Action for POISONING

Inhaled Poison

Immediately get the person to fresh air. Avoid breathing fumes. Open doors and windows wide. If victim not breathing, start artificial respiration.



Poison on the Skin

Remove contaminated clothing and flood skin with water for 10 minutes. Then wash gently with soap and water and rinse.

Poison in the Eye

Flood the eye with lukewarm (not hot) water poured from a large glass 2 or 3 inches from the eye. Repeat for 15 minutes. Have patient blink as much as possible while flooding the eye. Do not force the eyelid open.

Swallowed Poison

MEDICINE: Do not give anything by mouth until calling for advice.

CHEMICAL OR HOUSEHOLD PRODUCTS: Unless patient is unconscious, having convulsions, or cannot swallow — give milk or water immediately — then call for professional advice about whether you should make the patient vomit or not.

ALWAYS KEEP ON HAND AT HOME a once ounce bottle of SYRUP OF IPECAC for each child or grandchild at home. Use only on advice of poison control center, emergency department, or physicians.

After the Emergency Actions, CALL

San Diego Regional Poison Center
UCSD Medical Center
543-6000
Ambulance: Call 911

UNIVERSITY OF CALIFORNIA
MEDICAL CENTER · SAN DIEGO

DO YOU KNOW ABOUT IPECAC SYRUP?

SAN DIEGO REGIONAL
POISON CENTER
619-543-6000
UCSD Medical Center

IPECAC SYRUP

An estimated one million poisonings occur in the United States each year. No one is immune to poisoning, and small children are especially at risk. If someone in your home swallows a poison, what will you do? The following information is intended to help you do the right thing if your child swallows a poison.

The most important item to have in your home when that poisoning occurs is syrup of ipecac. Your doctor or poison center may not always recommend that you have the patient vomit, but if they do, you should do it with **IPECAC SYRUP**.

Why?

The treatment for many poisonings requires removal of the toxic substance from the stomach before absorption occurs. **IPECAC SYRUP** is safer than many other methods for removing these toxic substances. Sticking your finger down a child's throat or using salt water are not as effective and can be dangerous to the victim.

In cooperation with: AMERICAN ASSOCIATION OF POISON CONTROL CENTERS

What?

IPECAC SYRUP causes vomiting to occur. The syrup will keep for several years if stored at room temperature.

Who?

IPECAC SYRUP can be used effectively with adults or children. **Make sure you follow the correct procedures.**

Where?

IPECAC SYRUP may be obtained at any pharmacy. Your pharmacist is allowed to sell you one ounce (30 ml) without prescription.

When?

IPECAC SYRUP should not be used in every poisoning emergency. All poison ingestions do not require the removal of the poison from the stomach. **Before using IPECAC SYRUP,** check with your physician or the Poison Control Center, to see if vomiting is necessary.

DO NOT use **IPECAC SYRUP** unless instructed to do so by a physician or the Poison Control Center.

How?

If vomiting with **IPECAC SYRUP** is recommended by a physician or the Poison Control Center, use the following procedure.

For children one year of age or older:
Give one tablespoon (15 ml) of **IPECAC SYRUP.** Follow it by at least one glass (8 ounces) of water. Have the victim drink more liquid if possible. If vomiting has not occurred within 20 minutes, the dose of **IPECAC SYRUP** can be repeated with more fluids. **ONLY REPEAT DOSAGE ONCE.** If vomiting does not occur, call your physician or the Poison Control Center. The dose of **IPECAC SYRUP** is different for infants, older children and for adults. Your physician or the Poison Control Center will give you complete instructions.

DO YOU KNOW ABOUT YOUR POISON CENTER?

In response to the ever-increasing number of poison hazards, many countries throughout the world have established poison centers. Currently, there are hundreds of these specialized medical units in the United States.

The Poison Center provides accurate up to date information about potential hazards and recommends treatment as needed.

Emergency information can be provided efficiently 24 hours a day, seven days a week. The Poison Center can supply your doctor or hospital with specific information to assist with medical care. Education materials and prevention programs are also available.

The American Association of Poison Control Centers is a nationwide organization of poison centers and concerned individuals dedicated to education and research in order to decrease and prevent accidental poisoning. The AAPCC works with your local Poison Center as well as government and industry to make life safer from the hazards of poisons.

The best treatment for a poisoning is to prevent it from ever happening. Get the number of the Poison Center in your area and call on them for information or assistance.

SOME DO's AND DON'Ts

1. Never eat any part of an unknown plant or mushroom. Teach your children never to put leaves, stems, bark, seeds, nuts, or berries from any plant into their mouths.
2. Keep poisonous house plants out of reach of young children. Store bulbs and seeds out of sight and out of reach.
3. Learn to identify the poisonous plants in your neighborhood.
4. Do not assume a plant is not poisonous because birds or other wildlife eat it.
5. Do not rely on cooking to destroy toxic chemicals in plants. Never use anything prepared from nature as a medicine or "tea".

Remember that any plant may cause unexpected reactions in certain individuals. Always check with the Poison Control Center or your physician if a plant has been ingested.

If a poisoning occurs:

Call:
Poison Control Center: _____

OR

Physician: _____

Ambulance: _____

Hospital: _____

UNIVERSITY OF CALIFORNIA
MEDICAL CENTER
SAN DIEGO

WHAT ABOUT PLANTS?

SAN DIEGO REGIONAL POISON CENTER

543-6000

In cooperation with:

DO YOU KNOW ABOUT YOUR PLANTS?

Household plants have become one of the nations's leading causes of ingestions in children.

This information sheet will help you in identifying plants which are poisonous. The plants listed are ones which are most commonly asked about.

It is important that you know the names of all the plants in your home and yard; because we cannot accurately identify your plants from a telephone description.

If you do not find a particular plant on these lists, please call or write your Poison Control Center.

If you do not know the name of a plant have it identified at the nearest landscape and gardening center in your area.

TOXIC

The following plants are considered **TOXIC*** (poisonous, possibly dangerous)

*These plants contain a wide variety of poisons and symptoms may vary from a mild stomach ache, skin rash, swelling of the mouth and throat to involvement of the heart, kidneys or other organs The Poison Center can give you more specific information on these or other plants, that can be poisonous and may not be on this list. Many plants do not cause toxicity unless ingested in very large amounts.

Anemone
Angel Trumpet Tree
Apricot-Kernels
Arrowhead
Avocado-Leaves
Azaleas
Betel Nut Palm
Bittersweet
Buckeye
Buttercups
Caladium
Calla Lily
Castor Bean
Cherries-Wild & Cultivated
Crocus, Autumn
Daffodil
Daphne
Delphinium
Devil's Ivy
Dieffenbachia (Dumb Cane)
Elderberry
Elephant Ear
English Ivy
Four O'Clock
Foxglove
Holly Berries
Horsetail Reed
Hyacinth
Hydrangea
Iris
Ivy (Boston, English and Others)
Jack-In-The-Pulpit
Jequirity Bean
Jerusalem Cherry
Jessamine (Jasmine)
Jimson Weed (Thorn Apple)
Jonquil
Lantana Camara (Red Sage)
Larkspur
Laurels
Lily-Of-The-Valley
Lobelia
Marijuana
Mayapple
Mistletoe
Moonseed
Monkshood
Morning Glory
Mother-In-Law Plant
Mushroom
Narcissus
Nightshade
Oleander
Periwinkle
Peyote (mescal)
Philodendron
Poison Hemlock
Poison Ivy
Poison Oak
Poppy (Calif. Poppy Excepted)
Pokeweed
Potato-Sprouts
Primrose
Ranunculus
Rhododendron
Rhubarb-Blade
Rosary Pea
Star-Of Bethlehem
Sweet Pea
Tobacco
Tomato-Vines
Tulip
Water Hemlock
Wisteria
Yew

NON-TOXIC

The following plants are considered essentially non-toxic (safe, not poisonous) Symptoms from eating or handling these plants are unlikely, but any plant may cause an unexpected reaction in certain individuals

Abelia
Absynnian Sword Lily
African Daisy
African Palm
African Violet
Airplane Plant
Aluminum Plant
Aralia
Araucaria
Asparagus Fern (Dermatitis)
Aspidistra (Cast Iron Plant)
Aster
Baby's Tears
Bachelor Buttons
Bamboo
Begonia
Birds Nest Fern
Blood Leaf Plant
Boston Ferns
Bougainvillea
Cactus-Certain Varieties
California Holly
California Poppy
Camelia
Christmas Cactus
Coleus
Corn Plant
Crab Apples
Creeping Charlie
Creeping Jennie, Moneywort, Lysima
Croton (House Variety)
Dahlia
Daisies
Dandelion
Dogwood
Donkey Tail
Dracaena
Easter Lily
Echeveria
Eucalyptus (Caution)
Eugenia
Gardenia
Grape Ivy
Hedge Apples
Hens & Chicks
Honeysuckle
Hoya
Jade Plant
Kalanchoe
Lily (Day, Easter Or Tiger)
Lipstick Plant
Magnolia
Marigold
Monkey Plant
Mother-In-Law Tongue
Norfolk Island Pine
Peperomia
Petunia
Prayer Plant
Purple Passion
Pyracantha
Rose
Sansevieria
Scheffelera
Sensitive Plant
Spider Plant
Swedish Ivy
Umbrella
Violets
Wandering Jew
Weeping Fig
Weeping Willow
Wild Onion
Zebra Plant

LICENSED FAMILY DAY CARE IS A SPECIAL BUSINESS

SESSIONS-19 & 20

LICENSED FAMILY DAY CARE IS A SPECIAL BUSINESS

I. WHO CAN START A BUSINESS IN THE UNITED STATES

A. Anyone can start a business to earn money by selling a product (food, clothing, toys, paper goods, etc.) or by providing a service (hair styling, medical or legal services).

1. Licensed family day care is the business of providing a service and receiving money in exchange.
2. Licensed family day care is a special kind of business if you care for six or less children.
3. It is exempted by the regular business laws—no business license required, no zoning regulations, etc.
4. Licensed family day care for 12 or more children is considered a regular business—business license required, zoning clearance, fire clearance, etc.

B. There are four kinds of businesses in the United States.

1. Sole proprietorship: One owner.
   (Licensed family day care is a sole proprietor business)
2. Partnership: Two or more owners.
3. Corporation: Many owners who invest or pay some money to become part owners.
4. "S" corporation: Same as number 3 above except this type of company does not have to pay federal income tax; its shareholders or its investors divide up the profits and losses and report their share on their own income taxes.

C. Business income, including family day care income, are taxed by the government.

1. Money received by the owner of the business is considered income which is taxable.
2. If you earn a certain amount each year, you must pay income taxes, both federal and state taxes.
3. For tax purposes, licensed family day care providers are
   a. Sole proprietors and self-employed.
   b. This is important to know in order to fill out the correct tax forms.
   c. Family day care providers can put money into the social security system for retirement through the self-employment tax (optional).

D. Anyone can have more than one business; you can have as many businesses as you like, as long as you follow the tax laws.

1. Example: a woman can sell needlework as a business at the swap meet on Saturdays and Sundays and can provide family day care during the week as another business.
2. She will have 2 sources of income and has to file 2 special forms under business expenses in her income tax.
3. If her husband works at an assembly company, he will have a third source of income and when they file for income tax as a married couple, they will report 3 sources of income.

II. RECORD-KEEPING FOR BUSINESS DEDUCTIONS

A. Why must you keep records?

1. For tax reporting and welfare reporting.

2. To save money by paying less taxes and maintaining cash grant.
3. To collect payments from people who forget to pay.
4. To be a smart businesswoman.

B. Contracts

1. Family day care providers make "contracts" or agreements with the parents of children who come into their home to be cared for.
   a. The provider agrees to care for the child for so many hours for so much pay.
   b. The parent agrees to pay the provider for so much money.
   c. This is a contract: it should be written and signed or it can be verbal.
   d. To be safe, it is best to have a form that parents will sign because sometimes parents forget the terms of the contract.
   e. Be sure to have one copy for your records and one copy for parents.
2. It is the same kind of agreement you sign when you rent an apartment.
   a. If you sign and do not pay, the owner can take you to small claims court to collect the money owed.
   b. In the same way, the provider can take a parent to court for not paying for agreed upon child care.

C. Income and Expenses

1. Income: Any money or payments you receive.
2. Expense: Any money you spend for the business.
   a. This is not what you pay for your own family to use or eat.
   b. Examples of day care expenses are:
      1. Food items (crackers, juice, rice, milk).
      2. Eating supplies (paper plates, cups, napkins).
      3. Household cleaning supplies (soap, paper towels, toilet paper, tissue).
      4. Toys and play equipment.
      5. Activity supplies and books.
      6. Medical supplies (band-aids, ointments).
      7. Infant supplies (diapers, diaper wipes).
      8. Bookkeeping supplies (receipt books, accounting books).
      9. Repairs for furniture, doors, windows, etc. caused by children in your care.
      10. Returned, insufficient funds checks and bad debts.
      11. Insurance, bank charges, accountant fees, income tax preparer fees.
      12. Telephone bills; mileage if you transport children.
   c. Shared expenses: These costs relate to the percentage of time, times the amount of space used in your apartment or home (% of time × space used for day care).
      1. The federal tax form will allow you to deduct or subtract from your taxes any amount you can show which is partly due to your family day care business.
      2. You can take your rent or interest on your mortgage, utilities, insurance premiums that you pay and figure out a percentage of how much you use for your business.

d. How do you keep records?

1. Simple account: 2 columns for income and expense.
2. Include date, name of person, amount paid for income.
3. Include date, expense item or reason, amount paid for expense.

EXAMPLE:

INCOME			EXPENSES		
Date	**Name**	**Amount**	**Date**	**Item**	**Amount**
10/19	**Mrs. A.**	**$50.00**	**10/20**	**2 box crayons**	**$1.59**
10/26	**Mrs. P.**	**2.00**	**10/21**	**1 qt. milk**	**.79**
10/30	**Mrs. T.**	**5.50**	**10/30**	**bandaids**	**2.12**
	Subtotal	**$57.50**		**Subtotal**	**$4.50**
	Total to Date	_____		**Total to Date**	_____

3. Receipts: It is very important to keep receipts for expenses and to give receipts for payments.
   a. A receipt book is another record you can keep.
   b. An envelope with all receipts of expenses should be kept all year.

4. Payments: You may receive payments in 2 ways, either by cash or by check.
   a. Most working, tax-paying parents want a year-end record or receipt of what was paid to you.
   b. They use this amount to take a child care credit off their taxes.
   c. Some people choose to pay by check so they can have their own record of what was spent.
   d. Both payments should be recorded by the provider.
   e. For cash-paying parents, write a receipt from a receipt book.

D. Attendance records: Record names of children, dates of care and hours (when arrived and when left).

E. Mileage: Keep a notebook in your car if you drive children; record the date, starting address, destination (where going), purpose (pick up from school), beginning odometer and ending odometer number (odometer measures number of miles).

F. Meals served: Date, name of child, approximate cost.

G. Schedule: Daily schedule or calendar of activities if you have it.

H. Who will see the records?

1. You will use your records when you file income tax forms every year by April 15.
2. The tax office will want to see them if they call you in to discuss and review your tax returns (this is called an audit).
3. The welfare department will want to see receipts or proof of your earned income.
4. The licensing evaluator will want to see your emergency health forms, authorization for emergency medical care forms, child sexual abuse forms, liability insurance affidavit, and parents rights forms.
5. Save your records for at least 4 to 5 years.

I. Can I pay someone to manage my business matters?

1. You can hire a lawyer to write your contract, an accountant or bookkeeper to keep your records, and a tax consultant to file your income tax forms.
2. They are very expensive unless you know someone who will do it free or at a reduced cost.
3. The amount you pay is deductible expenses.

III. INSURANCE FOR FAMILY DAY CARE PROVIDERS

A. Liability insurance

1. You are liable or legally responsible for anything that happens in your home during business hours.
2. It is for the same reason that we must have automobile insurance for collision and liability if we drive a car.
3. Family day care providers are required by law to have liability insurance.
4. It protects you from being sued for damages.
   a. There will always be a possibility that the child you are caring for may be hurt.
   b. You may not be responsible but you may have to prove that you were not negligent in court.
   c. Example: A child trips over a toy and breaks his arm in your home; the family has no medical insurance so you must pay $1000 for emergency room expenses, orthopedic doctor, casting, outpatient treatment, medicines; they can sue you for all these costs and more.
   d. If you have liability insurance, the insurance company will pay the damages; if you have no insurance, you must pay; if you have no assets (you don't own a home, have no savings, etc.), there is little chance of being sued.

B. Accident insurance

1. This is to pay medical expenses from an accident in the home, such as in the above example.
2. Accident insurance usually accompanies liability insurance.
3. Sometimes it prevents lawsuits for more money.

C. Automobile insurance: If you are going to use your car to provide transportation for child care, you need to be covered for those passengers.

D. Homeowners insurance or renters insurance: This insurance usually protects homeowners or renters against damages to the home, burglaries, or other losses.

IV. SUMMARY

A. Family day care is a special kind of business and owners are self-employed professionals who work in their own home.

B. When you become licensed even for one child, you should begin thinking of yourself as a businesswoman.

C. Businesswomen are careful record-keepers as well as caring child care providers.

D. When you carry out your side of the business contract, parents will respect you and carry out their side of the contract.